A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 28 November 2023** at **10.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Janie McCusker

Chair

AGENDA

1. **Apologies for Absence / Confirmation of Quorum**

2. **Declaration (s) of Interest (s)**

3. **Minute of Forth Valley NHS Board meeting held on 26 July 2023** Seek Approval

4. **Matters Arising from the Minute / Action Log** Items 1 to 4

10.30-10.35am

5. **Patient/Staff Story** *10.35-10.50am*

6. **FOR APPROVAL**

6.1 Escalation Update Seek Approval

(Paper presented by Ms Amanda Croft, Interim Chief Executive)*10.50-11.20am*

6.2 Strategic Risk Register Seek Approval

(Paper presented by Mr Alastair Jack, Risk Manager)*11.20-11.35am*

6.3 **Green Public Sector Estate De-Carbonisation** Seek Approval

(Paper presented by Mrs Morag Farquhar, Facilities & Infrastructure)*11.35-11.50am*

6.4 **Operational Management of Prison Healthcare** Seek Approval

(Paper presented by Mrs Patricia Cassidy, Director of Falkirk HSCP)*11.50-12.00pm*

BREAK*12.00-12.10pm*

7. BETTER CARE

7.1 **Healthcare Associated Infection Reporting Template** Seek Assurance

(Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)*12.10-12.20pm*

7.2 **Person Centred Complaints and Feedback Report** Seek Assurance

(Paper presented by Prof Frances Dodd, Executive Nurse Director)*12.20-12.30pm*

7.3 **Performance Report** Seek Assurance

(Paper presented by Ms Kerry Mackenzie, Head of Policy & Performance)*12.30-12.45pm*

8. BETTER VALUE

8.1 Finance Report Seek Assurance

(Paper presented by Mr Scott Urquhart, Director of Finance) *12.45-01.00pm*

9. BETTER GOVERNANCE

9.1 Medical Education – Annual Report Response Seek Assurance

(Paper presented by Mr Andrew Murray, Medical Director) *01.00-01.15pm*

9.2 Anchor and Community Planning Partnership Update Seek Assurance

(Paper presented by Mrs Susan Bishop, Head of Efficiency, Improvement & Innovation) *01.15-01.30pm*

9.3 Falkirk Health & Social Care Partnership Update Seek Assurance

(Paper presented by Mrs Patricia Cassidy, Director of Falkirk HSCP) *01.30-01.45pm*

9.4 Governance Committee Minutes Seek Assurance

01.45-02.05pm

9.4.1 Clinical Governance Committee Ratified Minute: 05/09/2023 (Paper presented by Dr Michele McClung, Committee Chair)

9.4.2 Escalation Performance & Resources Committee Ratified Minute: 19/10/2023 (Paper presented by Mr Martin Fairbairn, Committee Chair)

9.4.3 Performance & Resources Committee Draft Minute: 31/10/2023

(Paper presented by Mr Martin Fairbairn, Committee Chair)

9.4.4 Staff Governance Committee Draft Minute: 15/09/2023 (Paper presented by Mr Allan Rennie, Committee Chair)

9.5 Advisory Committee Minutes Seek Assurance

02.05-02.15pm

9.5.1 Area Partnership Forum Ratified Minute: 19/09/2023 & 24/10/2023 (Paper presented by Mr Robert Clark, APF Co-Chair)

10. FOR NOTING

10.1 Clackmannanshire & Stirling Integration Joint Board Ratified Minute: 21/06/2023

11. ANY OTHER COMPETENT BUSINESS

11.1 Emerging Topics

12. DATE OF NEXT MEETING

Tuesday 30 January 2024 at 10.30am

Closed Session Agenda

Item of business	**Grounds for consideration in Closed Session as detailed within the Code of Corporate Governance**
• Minute of the NHS Board Closed Session held on 26 September 2023	The business relates to the commercial interests of any person and confidentiality is required, e.g., when there is an ongoing tendering process or contract negotiation. The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
• Assurance Issue	The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

For Approval

Item 3 – DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 26

September 2023 at 10.30am

Present: Ms Janie McCusker (Chair) Mr Gordon Johnston

Mr Robert Clark Mr Stephen McAllister Cllr Fiona Collie (MS Teams) Dr Michelle McClung Ms Amanda Croft Cllr Gerry McGarvey Prof Frances Dodd Mr Andrew Murray Mr Martin Fairbairn Mr Allan Rennie Cllr Wendy Hamilton Mr John Stuart

Mr Scott Urquhart

In Attendance: Ms Annemargaret Black, Director of Health & Social Care

Mrs Elsbeth Campbell, Head of Communications

Mr Jim Cannon, Interim Director of Acute Services

Mrs Patricia Cassidy, Director of Health & Social Care

Ms Morag Farquhar, Associate Director of Facilities & Infrastructure

Miss Sinead Hamill, Board Secretary (Minute)

Ms Kerry Mackenzie, Head of Policy and Performance

Mrs Sarah Mackenzie, Corporate Risk Manager

Miss Jackie McEwan, Corporate Business Manager

Mr David Munro, Senior Planning Manager

Mr Kevin Reith, Interim Director of Human Resources

1. Apologies for Absence

Apologies were noted on behalf of Mrs Kirstin Cassells.

2. Declaration(s) of Interest(s)

There were no declarations of interests made.

3. Minute of Forth Valley NHS Board meeting held on 25 July 2023

The minute of the meeting on Tuesday 25 July 2023 was approved as an accurate record.

4. Matters Arising from the Minute / Action Log

The Action Log was reviewed and would be updated as follows:

- 02. Board members noted work was ongoing for Workforce and would be brought to the Board through the Staff Governance Committee once completed.

- 06. Board members noted that work continues with a revised end date of January 2024.

5. Patient/Staff Story

Professor Frances Dodd, Executive Nurse Director, introduced the patient story, which featured a patient who had a stroke and was referred to the START team. The patient described the challenging but positive experience, as the team worked hard to encourage and support them to improve their mobility. The patient highlighted the confidence provided by the team which aided in a positive recovery and return to work.

Board members acknowledged the positive work and contribution made by the START team as detailed by the patient.

6. FOR APPROVAL

6.1 Annual Delivery Plan 2023/2024

Ms Croft, Interim Chief Executive, invited Mr David Munro, Senior Planning Manager to present the 'Annual Delivery Plan (ADP) 2023/2024'.

Board members noted the Plan was signed off by the Scottish Government in July 2023 which formed a contract with NHS Forth Valley. The ADP built on the previous Remobilisation, Recovery and Delivery Plans and the quarterly operational planning arrangements for 2022/2023.

Board members were informed that the ADP was in two parts:

- Narrative Documents and Appendices • Action Planning Template

The ADP was prepared in collaboration with the Executive Leadership Team and senior leaders within NHS Forth Valley, Clackmannanshire and Stirling Health and Social Care Partnership and Falkirk Health and Social Care Partnership. Board members also noted the ADP would be monitored with quarterly reports submitted.

Mr Fairbairn proposed that Integration be built into the Plan, whilst Ms Mackenzie raised that the Scottish Government guidance prescribed the content of the Plan.

Mr Fairbairn also highlighted Unscheduled Care, with Ms Black informing Board members that a focussed review had been carried out. Board members noted work was underway with Ms Black, Mrs Cassidy and Mr Cannon to ensure colleagues were familiar with the Key Performance Indicators (KPI's).

Mr Stuart wished to seek clarity around the Winter Planning. It was confirmed that the Winter Plan would be brought to the Performance and Resources Committee in October 2023.

Ms Mackenzie informed the Board that quarterly review of the ADP was ongoing which would allow for updates. Ms McCusker proposed the Area Partnership Forum was given the opportunity to provide feedback.

The Forth Valley NHS Board:

- ***Approved the Annual Delivery Plan 2023/2024.***

- ***Noted that ADP sign off has been received from the Scottish Government.***
- ***Noted that quarterly progress updates would be requested by Scottish Government and would be received by the Performance and Resources Committee on behalf of the NHS Board.***
- ***Noted the draft Medium-Term Plan had been submitted to Scottish Government with feedback awaited.***

6.2 Communications Framework 2023-2028

The NHS Board considered a paper ‘Communications Framework 2023 - 2028’ presented by Mrs Elsbeth Campbell, Head of Communications.

Mrs Campbell reported the NHS Forth Valley Communications Framework set out the key communication aims, principles and priorities for 2023-2028. Board members noted the Communications Framework also built on the previous Communications Strategy 2018 - 2021 reflecting on changes and improvements that have taken place.

Mr Rennie proposed Health Promotion be brought forward in the framework, which was agreed by Mrs Campbell. Ms Cassidy identified both Integration Joint Boards had a communication strategy and proposed this be woven through the framework to support collaborative working.

The Forth Valley NHS Board:

- ***Noted the overview of progress made over the last five years.***
- ***Approved the Framework and outline approach for the next five years (2023 – 2028)***

6.3 Whistleblowing Standards and Activity Report

The NHS Board considered a paper ‘Whistleblowing Standards and Activity Report’ presented by Professor Dodd.

Professor Dodd informed Board members that the paper provided an update on the Whistleblowing activity in NHS Forth Valley during Quarter 4 along with the

Whistleblowing Annual Report 2022/2023. Professor Dodd identified that Whistleblowing was an evolving system. Board members noted a trajectory for March 2024 was set out through the Staff Governance Committee.

Mr Johnston identified that Whistleblowing numbers were still relatively low but continued to be strengthened through NHS Forth Valley's Intranet page for staff.

The Forth Valley NHS Board:

- ***Noted Whistleblowing performance in NHS Forth Valley in Quarter 4 of 2022/23***
- ***Approved Whistleblowing Annual Report 2022/23***

6.4 Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23

The NHS Board considered a paper 'Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23' presented by Professor Frances Dodd.

Professor Dodd informed Board members that NHS Forth Valley was required to produce an Annual Report detailing feedback, comments, concerns and complaints which were used to support services to make improvements to the service delivered. Board members noted the report demonstrated the commitment from staff to locally resolve complaints and improve services.

Dr McClung praised the volunteering work being carried out and Professor Dodd confirmed the aim to expand this area.

The Forth Valley NHS Board:

- ***Approved the Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23.***

6.5 Assurance Committee Membership

Ms Kerry Mackenzie, Head of Policy and Performance, presented a paper 'Assurance Committee Membership', which set out the proposed changes to the NHS Board Assurance Committee Structure for 2023/2024.

Ms Mackenzie informed the Board that the Assurance Committee Structure had been reviewed in line with the Standing Orders following a number of new appointments. Board members noted the Integration Joint Board membership had also been considered but would be evaluated due to an ongoing review of the Integration Schemes.

Board members noted that the Assurance Committee Chairs and Vice Chairs remained unchanged. Ms Mackenzie informed the Board that Executive Leads and Committee Support were highlighted along with the membership required to ensure that meetings were quorate.

The Forth Valley NHS Board:

- ***Approved the revised Assurance Committee membership and structure for 2023/2024***

6.6 Assurance Committee Meeting Dates 2024/2025

Ms Mackenzie presented a paper 'Assurance Committee Meeting Dates 2024/2025'. Board members noted that the Remuneration Committee dates were yet to be confirmed which aligned with national requirement and timescales.

Ms Mackenzie informed Board members that consideration had been given to increasing the frequency of the Staff Governance Committee meetings in line with both the Clinical Governance Committee and Performance & Resources Committee. Mr Reith, Interim Director of Human Resources, confirmed that he would look at additional dates for the Staff Governance Committee.

Board members noted that there was one overlap of meetings, namely 14 June 2024 with the Staff Governance Committee and the Special Board. Ms Mackenzie identified that the Special Board date would align with the Annual Accounts process which was yet to be confirmed.

The Forth Valley NHS Board:

- ***Approved the proposed Assurance Committee dates for 2023/2024.***
- ***Noted Remuneration Committee dates aligned with national requirements were still to be confirmed.***
- ***Noted consideration to be given to increasing the frequency of the Staff Governance Committee meetings from quarterly to 6 meetings a year.***

7. BETTER CARE

7.1 Assurance on Patient Safety

Mr Andrew Murray, Medical Director, presented a paper 'Assurance on Patient Safety', informing Board members that Micheal Matheson, Cabinet Secretary for NHS Recovery, Health, and Social Care had written to NHS Board Chairs and Chief Executives on 26 August 2023 to request a number of assurances in light of the Lucy Letby case.

Mr Murray listed the requested assurances:

- Evidence that NHS Forth Valley systems for the early identification, reporting and robust timely investigation of patient safety concerns are effective.
- Multiple sources of information including data on patient outcomes to support that assurance.
- Examples of concerns that have been raised through whistleblowing procedures or escalation from the point of care to senior leaders.
- Review of clinical and staff governance committees, to gauge their level of effectiveness.
- Confirmation that executive and clinical leaders are engaged with Healthcare Improvement Scotland's "Learning from adverse events through reporting and review framework" update.
- How NHS Forth Valley has used iMatter questions relating to the raising of concerns.

Board members noted that a review of the Clinical Governance Committee would also be undertaken.

Mr Clark identified that there was no mention of Staff Side Support. Professor Dodd informed the Board that on the back of this work both Professor Dodd and Mr Murray would look at the Letby case. Board members were assured by the response provided.

The Forth Valley NHS Board:

- ***Noted the letter sent from Michael Matheson MSP.*** • ***Noted the response and the assurances provided to Michael Matheson MSP***

detailed in Appendix 2.

7.2 NHS Forth Valley Estate Reinforced Autoclaved Aerated Concrete (RAAC) Update

Ms Morag Farquhar, Associate Director of Facilities & Infrastructure, provided the Board with an update on the NHS Forth Valley Estate in relation to Reinforced Autoclaved Aerated Concrete (RAAC).

Board members noted that as of July 2023, the Scottish Government had confirmed a desktop survey of the NHS Scotland Estate which identified a number of buildings which may potentially contain RAAC and which were to be physically surveyed. Ms Farquhar identified that 9 of the buildings were in the NHS Forth Valley area (8 on the central website as 1 building was ‘low risk’ and not listed).

- Bannockburn Health Centre

- Bo’ness Health Centre

- Bridge of Allan Health Centre • Falkirk Community Hospital (two buildings) • Stirling Community Hospital (two buildings) • Grangemouth Health Centre

- Laurieston Health Centre

Ms Farquhar informed Board members that NHS Forth Valley had previously commissioned an external surveyor to carry out site inspections, which did not identify RAAC in any of the properties listed, however, it was prudent to have further surveys carried out as part of the national programme. Board members noted that the local survey programme was due to start in October 2023 and that the outcome would be published on NHS Forth Valley's website as soon as the survey reports are available and have been reviewed.

The Forth Valley NHS Board:

- ***Noted the ongoing work and update of the NHS Forth Valley Estate Reinforces Autoclaved Aerated Concrete (RAAC)***

7.3 Healthcare Associated Infection Reporting Template (HAIRT)

Mr Jonathan Horwood, Area Infection Control Manager, presented a paper 'Healthcare Associated Infection Reporting Template'. Mr Horwood informed Board members that work was being carried out for Escherichia Coli Bacteraemia (ECB) due to ongoing challenges, but a reduction had been identified.

Clostridioides difficile infection (CDI) cases remained within control limits with two healthcare acquired CDIs reported for August 2023. Board members noted feedback from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland as ARHAI had compared NHS Forth Valley data nationally and identified the data reported to ARHAI had also included infections from general practitioner (GP) practices. Mr Horwood informed the Board that given the importance of monitoring prescribing and associated CDI infections in GP practices, GP associated infections would now be reported separately.

Mr Horwood identified that Covid-19 inpatient numbers had increased for August 2023 due to the new variant XBB1.16. Four reported outbreaks of Covid-19 were also noted for NHS Forth Valley.

Bellsdyke Hospital had an unannounced HIS inspection on 27 June 2023. Board members noted that an overall positive report was published on 21 September 2023.

The Forth Valley NHS Board:

- ***Noted the HAIRT report***
- ***Noted the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs***
- ***Noted the detailed activity in support of the prevention and control of Health Associated Infection***

7.4 Performance Scorecard

The NHS Board considered a paper 'Performance Scorecard' presented by Ms Mackenzie.

Ms Mackenzie informed Board members that the Performance Scorecard was updated on a monthly basis and presented to the NHS Board and Performance and Resources Committee. Board members noted that the Scorecard was under ongoing review.

The 4-hour Emergency Standard compliance for August 2023 was 59.9%. Board members noted that this was a slight improvement from performance in July but the number of patients waiting beyond 8 and 12 hours had increased. Board members noted new planned attendances were no longer being counted against for the 4-hour ED access standard with this change impacting on the performance.

Outpatient and inpatient performance against the planned activity trajectories approved by the Government were noted as stable. The activity against the plan April 2023 to August 2023 for outpatients was 97% and 108% for inpatients and day cases. Board members noted that there was an increase in the number of outpatients and inpatients/day cases waiting beyond 12 weeks.

Ms Mackenzie identified a further significant increase in the number of patients waiting beyond the 6-week standard for imaging at the end of August, with 61.1% of patients waited less than the standard. Board members noted that CT scanning remained particularly challenged with over half of the imaging waits (55%) beyond the 6-week standard.

The number of patients waiting for endoscopy remained essentially static with a slight decrease in the number of patients waiting beyond the 6-week standard. Board members noted that 55% of patients waited less than the 6-week standard, which was a slight improvement in compliance from the previous month. Ms Mackenzie highlighted that despite the challenges, activity against the agreed Remobilisation Plan trajectory April to August 2023 remained markedly better than the plan.

The 62-day cancer standard improved slightly to 73.6% for July 2023. Board members noted that five of the 10 cancer pathways achieved 100%. Ms Mackenzie noted improved performance for the colorectal and lung pathways at 80% and 87.5% respectively. However, a reduction was noted in performance for head and neck (33.3%), urology (42.1%) and melanoma (80%) pathways. The 31-day target continued to be met.

Board members noted that the Performance & Resources Committee received an update in respect of Cancer Services in August 2023. Ms Mackenize identified that the Committee was satisfied with the analysis and data presented to determine the work necessary to continue making improvements within cancer services.

In August, performance returned to over 70% in Psychological Therapies with the Referral to Treatment (RTT) 78.7%. Board members noted this to be the highest since March 2022 following an anticipated performance dip in July.

Ms Mackenzie identified that 43.9% of patients started treatment within 18 weeks of referral for Child and Adolescent Mental Health Services (CAHMS) with a continued improvement in waits over 12 months. Board members noted that the improved RTT exceed initial expectations.

An increase in delayed discharges was noted for the last 4 months which was being closely monitored. Board members noted that delayed discharges were being addressed as part of the whole system work around unscheduled care and flow.

Mr Fairbairn highlighted Urgent and Unscheduled Care as an area of challenge. Mr Murray informed Board members there was a Scottish Government biannual review which led to a focussed review at the start of the year.

Mr Stuart requested to see data for diagnostics in respect of inpatient waits. Ms Mackenzie informed Board members that she would pick this up with Jim Cannon.

Ms McCusker wished to seek assurance that sickness absence rates were reviewed at the Staff Governance Committee. Mr Reith highlighted that this was the case.

The Forth Valley NHS Board:

- ***Noted the current key performance issues.***
- ***Noted the detail within the Performance Scorecard.***
- ***Considered the proposed level of Assurance.***

7.5 Person Centred Complaints and Feedback Report

The NHS Board considered a paper ‘Person Centred Complaints and Feedback Report’ presented by Professor Dodd.

Professor Dodd informed Board members that the report provided a comprehensive review of complaints activity across NHS Forth Valley. It was noted that NHS Forth Valley’s complaint number had reduced from last year.

Board members were informed that there were a number of concerns not upheld. Professor Dodd recognised this was a higher figure than anticipated and provided assurance this would be reviewed, and an update provided to the Board.

The Forth Valley NHS Board:

- ***Noted the current position of the complaints performance within the organisation.***
- ***Noted the feedback activity across the organisation.***

7.6 Draft Healthcare Strategy - Update

The NHS Board considered a paper ‘Healthcare Strategy Update’ presented by Mr Munro.

Mr Munro assured Board members that work was underway to develop the Healthcare Strategy. This would outline NHS Forth Valley priorities and to set out how to improve health outcomes, patient care, and staff experience over the next 5 years.

Board members noted the timeline for completion of the draft Healthcare Strategy and undertaking engagement prior to final approval.

Ms Croft informed Board members that the Healthcare Strategy would be further discussed at the Executive Leadership Team and be brought back to the Board. Ms Mackenzie also identified that there would be a Board Seminar on the Healthcare Strategy in December 2023.

The Forth Valley NHS Board:

- ***Noted the approach set out in this paper.***
- ***Noted the further engagement planned and engagement questions.***
- ***Noted the timetable to present the final Healthcare Strategy 2024-2028 to the Board for approval in March 2024.***

8 BETTER VALUE

8.1 Finance Report

The NHS Board considered a paper 'Finance Report' presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart informed the Board that NHS Forth Valley continued to face financial challenges. Board members noted a revenue overspend of £5.4m for the first 5 months of the financial year. Contributory factors included additional temporary workforce costs, increase in medicine expenditure, wider inflationary pressures and ongoing COVID-19 legacy issues. Board members noted this to be a challenge replicated across Scotland.

Mr Urquhart identified the biggest area of cost was acute pressures which required further additional controls.

Dr McClung requested clarity around temporary workforce. Mr Urquhart highlighted absence rates, contingency beds and identified that a significant number of vacancies needed to be addressed in order to reduce temporary workforce.

Mr Rennie informed Board members of issues which were raised at an IJB National Chairs meeting he attended. These related to staff retention, recruitment and medicines. Mr Urquhart provided assurance that the Board was aware of the issues that come from the Scottish Medicine Consortium. Board members noted the Scottish Government were aware of the increasing drug costs.

Ms Black proposed a review of Unscheduled Care data. Board members recognised it was unlikely that NHS Forth Valley would achieve breakeven at year end. Ms McCusker proposed this be further discussed at the Executive Leadership Team. Ms Croft informed the Board that this needed to be a priority.

The Forth Valley NHS Board:

- ***Noted the revenue overspend of £5.4m reported for the first 5 months of the financial year due to additional temporary workforce costs, increases in medicine expenditure, wider inflationary pressures and ongoing Covid legacy issues.***
- ***Noted that the financial outturn risk for the year remains at £10m to £15m pending confirmation of funding allocations, the impact of winter and potential year-end IJB risk-share arrangements.***
- ***Noted that given the range of pressures experienced to date, delivery of a***

breakeven position at year end is increasingly unlikely without significant change over the second half of the financial year.

- ***Noted that delivery of the £25m savings programme remains broadly on track at this stage however this is largely non-recurring and further work is required to accelerate delivery of recurring savings schemes.***
- ***Noted a balanced capital position as of 31 August 2023 with a forecast break even against the capital resource limit.***

9. BETTER GOVERNANCE

9.1 Escalation Update

Ms Croft informed the Board that the Scottish Government Assurance Board remained in place following escalation to Stage 4 of the NHS Scotland Performance Escalation Framework on 23 November 2022. Ms Croft identified that changes had been made to the Assurance Board membership, however confirmed a monthly meeting and internal Forth Valley processes would remain in place.

Ms Croft identified that the Executive Leadership Team was work together and provided assurance that productive conversations had taken place and would continue whilst the version 3 of the Assurance and Improvement Plan was being developed. Board members noted there was no specific timeline for review of NHS Forth Valley's status and acknowledge and recognised the ongoing work required.

The Forth Valley NHS Board:

- ***Noted the Escalation Update***

9.2 Communication Update

The NHS Board considered a paper 'Communication Update' presented by Mrs Campbell.

Mrs Campbell informed the Board that the paper provided an update on the communications work undertaken during the period April – September 2023. Board members noted the paper highlighted some key media issues, campaigns and digital developments that had been managed over the last 6 months. Board members also recognised the local staff awards had been resumed after being on hold since 2019.

The Forth Valley NHS Board:

- ***Noted the update and ongoing communications activity to ensure staff, patients, the public and other key stakeholders are kept updated on service developments, changes, and improvements across the organisation.***

9.3 Governance Committee Minutes

9.3.1 Clinical Governance Committee Ratified Minute: 01/08/2023

Dr McClung informed the Board there had been a meeting held on 5 September 2023. An Escalation update had been provided where a level of assurance was agreed. Board members noted the Strategic Risk Register had also been endorsed.

The NHS Board recognised the assurance provided through the ratified minute of the Clinical Governance Committee meeting held on 1 August 2023.

9.3.2 Escalation Performance & Resources Committee Draft Minute: 15/08/2023

Mr Fairbairn highlighted that in terms of escalation the Board needed to remain focussed to ensure required actions were delivered and intended impact seen.

The NHS Board noted the assurance provided through the draft minute of the Escalation Performance & Resources Committee meeting on 15 August 2023.

9.3.3 Performance & Resources Committee Draft Minute: 29/08/2023

Mr Fairbairn identified that the Committee had discussed the National Treatment Centre (NTC). Board members noted that a Scottish Government Senior Representative was in attendance at the Committee.

The NHS Board noted the assurance provided through the draft minute of the Performance & Resources Committee meeting on 29 August 2023.

9.3.4 Staff Governance Committee Ratified Minute: 07/07/2023

Mr Rennie informed the Board that there had been a more recent Staff Governance meeting on 15 September 2023. Board members noted staff absence rates and agency spend was discussed at the Staff Governance meeting along with Internal Control Evaluation (ICE) recommendations.

The NHS Board noted the assurance provided through the ratified minute of the Staff Governance Committee Meeting on 7 July 2023.

9.4 Advisory Committee Minutes

9.4.1 Area Partnership Forum Ratified Minute: 18/07/2023 and 22/08/2023

Mr Clark informed the Board that a 3 month notice period for Band 8 and above had been agreed.

The NHS Board noted the assurance provided through the ratified minute of the Area Clinical Forum Meetings held on 18 July 2023 and 22 August 2023.

10. Integration Joint Board Ratified Minutes

10.1 Clackmannanshire & Stirling Integration Joint Board Ratified Minute: 29/03/2023

The NHS Board noted the assurance provided through the ratified minute of the Clackmannanshire & Stirling Integration Joint Board meeting on 29 March 2023.

11. ANY OTHER COMPETENT BUSINESS

Ms McCusker noted Mr Jonathan Procter, Director of Facilities & Infrastructure would be retiring. On behalf of the Board, Mr Procter was thanked for his work and leadership over the years.

It was noted that Mrs Sara Mackenzie, Corporate Risk Manager, would be leaving the organisation. Ms McCusker expressed her thanks to Mrs Mackenzie for all her work and the improvements made since joining NHS Forth Valley.

There being no other competent business the Chair closed the meeting.

ACTION LOG: NHS Forth Valley Board

NO. DATE OF AGENDA ACTION LEAD TIMESCALE COMMENT / PROGRESS STATUS

MEETING TOPIC / ITEM

002 28.03.23 Financial Plan HR dashboard to be shared with Board Director of 7 July 2023 Seminar to focus on In

2023/2024 to Members at a dedicated planned Board Human workforce arranged for Progress 2026/2027 seminar. Resources 07.07.23.

Following postponement,

item provisionally

scheduled on seminar

agenda in February 2024.

As highlighted at the NHSComplete

Board in September 2023,

work is ongoing in relation

to Workforce and will be

brought back to the NHS

Board through the Staff

Governance Committee.

006 30.05.23 Person Centred Establish comparisons in relation to other Frances End August Difficulty in establishing like In

Complaints & board and prison complaints. Dodd 2023 for like comparisons as a progress Feedback report result of differing and

diverse prison populations.

Revised date Work continues to end January determine data to see if 2024 benchmarking of

complaints across the

prison estate can be

realised in a meaningful

way.

008 30.05.23 Healthcare Present initial draft strategy to the Chief End October Scheduled on P&RC and In

Strategy Performance & Resources Committee in Executive 2023. NHS Board planners. progress

October ahead of NHS Board approval in

November. Revised Update on agenda

date: 26.09.23 March 2024

010 25.07.23 Escalation Agree how to capture work related stress Kevin 15.12.23 Remitted to Interim Director Complete

Update information e.g., questionnaire to staff, Reith of Human Resources on 29

number of workplace stress related risk November 2023 assessments completed.

011 25.07.23 Finance Report Benchmarking data in respect of Scott 26.09.23 Verbal update provided 29 Complete

overspend levels to be shared when Urquhart November 2023. available.

STATUS:

Deadline passed / Urgent

In progress (deadline not reached) / On hold

Completed / Closed (incl. date)

FORTH VALLEY NHS BOARD)

TUESDAY 28 NOVEMBER 2023

6.1 Escalation Update

For Approval

Executive Sponsor: Ms Amanda Croft, Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance

Executive Summary

On the 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. In response, the Escalation Improvement Action Plan was published in December 2022. An updated Escalation Improvement Action Plan (version 2) and measurement framework were published in March 2023. These built on the initial response and focused on the medium term, whilst aligning with the Blueprint for Good Governance, the principles of the Culture Change and Compassionate Leadership Programme and Staff Governance standards.

The Executive Leadership Team has been working on the third iteration of the Improvement Plan, titled the 'NHS Forth Valley Assurance and Improvement Plan'. This builds upon the work already undertaken in the first two versions and aims to provide an overview of the key actions and priorities for the next four months along with details of specific outcomes, leads and timescales. This plan will also be updated to reflect the recommendations from the Corporate Governance review report and ensure that any outstanding actions are addressed.

Recommendation

The Forth Valley NHS Board is asked to:

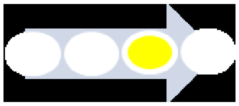
- **note** progress detailed within the Improvement Plan version 2 completion paper at Appendix 1.
- **approve** the Assurance and Improvement Plan version 3 – Appendix 2. • **note** the NHS Forth Valley Corporate Governance Review recommendations and how these will be progressed – Appendix 3.

Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

controls with minorfrequently but with evidence



weaknesses present. of non-compliance.

A reasonable level of Assurance is proposed in that a project-based approach is being taken to support the delivery of the Assurance and Improvement Plan with high-level outcomes supported by clearly defined actions to demonstrate progress.

Key Issues to be Considered

Since September 2023, the Executive Leadership Team has been working on the third iteration of the Improvement Plan, titled the ‘NHS Forth Valley Assurance and Improvement Plan’. This builds upon the work already undertaken in the first two versions and provides details of key actions and priorities for the next four months, along with specific outcomes, ownership, and timelines.

A full review of Version 2 has been completed, with all outstanding actions identified and carried forward, with a further detailed review of action plans against each of the three domains to ensure relevance, completeness and alignment to target outcomes.

The Assurance and Improvement Plan provides a more systematic approach with clearly defined, measurable actions and outcomes.

It covers the following key areas: -

- Programme Governance.
- Programme Stakeholders.
- Meeting Calendar.
- Programme & Action Plans – including leads, timescales, measurement, impact and evidence.
- Additional Improvement Actions – not related to escalation. • Risk Overview.
- Risk Register.
- Issue log.

- Decision change log.

Initial pilot work has also taken place using the ‘Well Led’ Framework to support continuous improvement approaches in integrated governance, leadership and culture structured the plan is to roll this out further following initial evaluation in a number of service areas.

In addition to the above, we have longer-term ambitions, to reduce health inequalities, improve the health and wellbeing of local patients and staff and also improve health outcomes for our wider population across Forth Valley. These aspirations will be reflected in our new Healthcare Strategy covering the period 2024 to 2029 and will be supported by our People Strategy which will set out our ambition to be an employer of choice.

The completed Improvement Plan Version 2, at Appendix 1, describes progress on actions to date. The current Assurance and Improvement plan (Version 3) can be viewed at Appendix 2. Following Board approval, the Assurance and Improvement Plan will be shared across the organisation as part of regular updates on progress in response to escalation.

Financial Implications

There are no direct financial implications in respect of this paper however cost improvement and value have been identified as additional improvement actions. Note however that these are not directly related to escalation.

Workforce Implications

There are no direct workforce implications in respect of this paper however the improvement actions identified under the headings of Culture, Leadership and Governance will support our workforce.

Infrastructure Implications including Digital

There are no infrastructure implications in respect of this paper.

Sustainability Implications

There are no Sustainability Implications in respect of this paper.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)

☒ *Yes*

☐ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

All the actions set out in the Escalation Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governance[i] '*For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at day to day management of operations and the implementation of change.*'

Information Governance Implications

There are no information governance implications in respect of this paper.

Risk Assessment / Management

A risk register has been developed in relation to the delivery of the Assurance and Improvement Plan actions and is included within the plan.

Relevance to Strategic Priorities

The Assurance and Improvement Plan impacts on all the NHS Boards approved Corporate Objectives, namely:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.
- Support broader social and economic development.
- Improve our focus on safety, quality, and sustainability.
- Value and develop our people.
- Demonstrate best value using our resources.
- Promote and build integrated services locally and regionally.
- Build systems and processes to direct, control and improve our authorising and operating environments.
- Demonstrate behaviours that nurture and support transformational change across our health and care system.

Corporate Objectives, as part of the Corporate Plan, were approved by the NHS Board in March 2023.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- *Paper is not relevant to Equality and Diversity*

Communication, involvement, engagement and consultation

The Assurance and Improvement Plan has been developed by the Executive Leadership Team and endorsed by the Escalation Performance & Resources Committee. In addition, the Plan has been reviewed by the Scottish Government Assurance Board.

Additional Information

Nil

Appendices

- Appendix 1: Escalation Improvement Plan version 2 completed. • Appendix 2: Assurance and Improvement Plan version 3. • Appendix 3: NHS Forth Valley Corporate Governance Review.

[i] http://www..gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/

Escalation Improvement Action Plan v2: Close out Report s

Since approving the Plan on 19th of December 2022, changes and improvements have been implemented in several areas to demonstrate the NHS Board’s commitment to strengthen leadership, governance, and culture. The action plan was aligned to achieving high level outcomes based on the Blueprint for Good Governance, the principles of the Culture Change and Leadership Programme and the Staff Governance Standard. These outcomes are summarised over and referenced in each action.

The plan identified 17 high level actions broken down into 64 sub actions. In reviewing progress with the plan, it was highlighted that 61% of the sub actions are complete. The remaining actions that are underway will continue into the Assurance and Improvement plan and will to be monitored within that governance structure. Actions to be carried forward are formatted in bold to highlight them.

Completed actions include significant investment in creating leadership capacity, strengthening leadership relationships, and removing reliance on interim staff. This strengthened leadership capacity has under pinned the effective whole system response to the HIS Safe Delivery of Care recommendations. Work continues to build sustainable leadership and to ensure that ELT is performing effectively; this work is reflected in the Assurance and Improvement Plan within the Leadership domain.

The Plan included a number of actions relating to diagnostic activity including the compassionate leadership programme, an external governance review and the governance self-assessment. The compassionate leadership diagnostic has concluded, and work has commenced on designing an action plan to respond. The external governance reviews remain ongoing with a final report expected at the end of October. The governance self-assessment is making good progress and will be reviewed by the Health Board in November. These activities have been carried forward into the Assurance and Improvement Plan.

A number of actions were identified around improving the staff voice. Initial actions have been concluded and work will continue to develop these areas within the Culture domain.

Good progress has been made on strengthening the assurance framework through approval of the Performance Framework including reintroduction of Performance Reviews, developing enhanced performance reporting and introducing a quality assurance process for key strategies. Completion of work on the Assurance Framework has been carried forward into the Assurance and Improvement Plan within the Governance domain.

Escalation Improvement Action Plan v2: Close out Report s

We need to ensure that... Target Outcomes

Governance - Board developed clear vision and values Effective governance arrangements 1 Primary functions of governance embedded framework that every one takes responsibility are embedded throughout NHS Forth Valley based on throughout the Boards and Board for working within . the ten principles of good governance described in the Committees including: revised Blueprint document, including active and A clear and challenging set of corporate collaborative governance, on a continuous 7 • setting the direction objectives reflected at every level of the improvement basis. 2 • holding colleagues to account organisation and good quality data to guide • managing risks

operational performance aligned with these.• engaging with key stakeholders and

Good governance is necessary to enable Forth Valley • influencing/driving the organisation's

to achieve it's overall vision of being a great place to culture work and an outstanding place to receive care. High quality support and compassion for

staff ,ensuring that they have the right

3 working conditions and resources to support

their own wellbeing and deliver consistently

Enabling conditions in place including:

Leadership and Culture Effective leadership high standards of care and treatment that • clearly defined roles and responsibilities people expect. and culture change is embedded throughout NHS and accountabilities for operational

Forth Valley based on the six cultural elements and management and delivering change Diversity is positively valued and every one is 8 leadership behaviours of the Culture Change and • acquiring and retaining the necessary 4 included and respected, strengthening trust, Leadership Programme NHS England » The Culture diversity , skills and experience transparency and staff wellbeing. and

Leadership programme and inf ormed by • creating relationships and conducting Staf fGov ernance Standards. Staf fGov ernance business in line with agreed v alues and Standard — NHS Scotland Staf f Gov ernance Ev ery one taking responsibility f or behav iours continuously improv ing quality , learning and **5** innov ating in saf e and empowering conditions.

Deliv ery conditionsin place including

6

Ef f ectiv e team and inter-team working with ev ery one taking assurance f ramework, integrated gov ernance **9** sy stem and operating guidance.

responsibility f or creating collaborativ e relationships and working as a

sy stem.

Escalation Improvement Action Plan v2: Close out Report s

1. Executive Leadership Team (ELT) Development (April to June 2023) - extended to August.
Scope: ELT Development - Organisation Development sessions to create and embed effective team working and to agree ELT objectives

Action (s)/Timescales Update Intended Outcome

1. Agree scope and aims for OD activity ☐ 1. The ELT has co-produced a team development Board developed clear vision and

3. Session 1 - 3 Board in March ☐ effectiveness of relationships and collaborative effort for working within. rd 2. Corporate objectives approved by NHS programme to support improvements in the 1 values framework that everyone takes responsibility April (CEO facilitated) ☐ to inform NHS Board strategic direction in response

4. Session 2 -10th and 11th May (Me and to SG policy and IJB Directions. A clear and challenging set of corporate objectives

We - Leading Successfully Together) ☐ 2. Corporate objectives aligned to Board purpose, reflected at every level of the organisation and good **2**

6. Session 3 - 11th and 12 **Remuneration Committee for approval** these in turn inform the CEO draft objectives for ELT in 'supporting our staff and cultural intent)' aligned with th **5. Draft 2023/24 objectives to June** vison and strategic aims approved by the Board quality data to guide operational performance (notably (Strategic to consider and shape. these.

Interdependence - Leading Successfully 3. A self-facilitated session in advance of the ELT

7. Define ELT Measurement Framework 6 Thereafter externally facilitated sessions will take taking responsibility for creating collaborative rd 8. Session 4 - 3 Together) July ☐ Development programme took place on 3 April. Effective team and inter-team working with everyone

August (Governance & place. relationships and working as a system informed by

Accountability with a focus on 4. Session 2 focused on me and we and building Blueprint for Good Governance indicators.

9. Session 5 - 28 Together) 5. The majority of objectives were approved at the July th 'integration' - Leading Successfully relationships.

August Remuneration Committee. The outstanding **Measures and Impact**

Board development was previously included objectives will be approved at the next Remuneration • Approved ELT 2023/24 and CEO Objectives - Outcome

The majority of actions associated with
purpose, vision, values and 'desired culture state' • ELT Video – context on impact of development work and are using this to support collaborative • Governance Self assessment behaviours and holding each other to account - • iMatter **this phase are complete. Further work is** Governance and is discussed alongside other 6. In session 3 - ELT has developed and agreed its • ELT Lighthouse – agreement on values Board development and review activity. within this section. This has moved to Committee. 1 and 2 above (not fully complete)
weekly pulse survey to measure team effectiveness.

required to demonstrate ELT is 7. Measurement Framework being populated with **functioning effectively; this is reflected** measures to determine impact on approved 3 key **within the Leadership domain.** principles - 'putting patients first', 'supporting our

staff; and 'working in partnership' – impact over time

Actions marked in bold carried forward will drive continuous and sustained improvement. An **and will be reported through the** initial approach is currently being tested to measure **Leadership domain.** effectiveness of ELT.

8. During Session 4 ELT focused on 'integration' -

session was supported by D Williams and E Fraser.

9. Session 5 has been completed.

Escalation Improvement Action Plan v2: Close out Report s

2. Implement professional leadership arrangements across NHS FV (April - June 2023) Scope - Invest in professional leadership to ensure patient safety remains a top priority for the NHS Board whilst enabling staff to focus on sustainable improvement

Action (s)/Timescales Update Intended Outcome

1. Re-establish weekly triumvirate 1. Weekly Chief Executive, Medical Director, and Nurse

meetings. □ Directorate triumvirate meeting now part of business as usual. Board developed clear vision and

2. Review Nursing Directorate 1 values framework that everyone takes responsibility

support infrastructures**.** □ *2.* Review of the Nursing Directorate support infrastructures for working within.

3. Appoint Nurse Director have been reviewed to ensure Directors have the

Director)**.** □ governance arrangements required of their role. The reflected at every level of the organisation and good **2** □ (formerly Deputy Nurse mechanisms in place to enable the leadership and A clear and challenging set of corporate objectives

4. Appoint AHP Director. implementation of these developments was in place by end of quality data to guide operational performance (notably **5. Clinical Nurse manager job** March 2023. in ‘supporting our staff and cultural intent)’ aligned with

description reviewed and these. **benchmarked.** 3. Nurse Director in post.

6. Professional leadership Effective team and inter-team working with everyone

review paper. 6 4. AHP Director in post. taking responsibility for creating collaborative

relationships and working as a system informed by

Actions marked in bold carried 5. This post is being considered as part of wider paper on Blueprint for Good Governance indicators. **forward and will be reported** professional leadership which is in development.

through the Leadership domain. Measures and Impact 6. This paper is being discussed with the Chief Officers and is • Identifed positions filled - Outcomes 2 and 6 planned to go to the HSCPs SLTs and ELT in Autumn 2023.

• Re-established leadership protocols across triumvirate -

Outcomes 2 and 6.

Escalation Improvement Action Plan v2: Close out Report s

3. Increase HSCP Leadership and Management Capacity (April to June 2023 – now extended) Scope - Invest in 3 management posts as approved by the NHS Board.

Action (s)/Timescales Update Intended Impact/Outcome

1. Appoint OoH Service Investment in three senior management posts has been approved

Manager by the NHS Board. A clear and challenging set of corporate objectives

2. Appoint Head of Primary 1. Preferred candidate for OoH Service Manager has been reflected at every level of the organisation and good **2**

Care identified. Start date has been agreed for 5 December. quality data to guide operational performance (notably

3. Appoint Head of Strategic
in 'supporting our staff and cultural intent)' aligned with **Planning Mental Health and** 2. Head of Primary Care is currently being advertised and will these. th **Wellbeing**
close 13 August. Interviews took place September. Start date has been agreed for early November.
Effective team and inter-team working with everyone
Actions marked in bold carried 6 taking
responsibility for creating collaborative **forward and will be reported** 3. Head of Strategic Planning post has been drafted and relationships and working as a system informed by **through the Integration domain.** feedback is being sought from key colleagues. This role will Blueprint for Good Governance indicators.

then be submitted for job evaluation. The JD has been • Identified positions filled – Outcomes 2 and 6 agreed and will be submitted for job evaluation. It is planned • Increased leadership capacity leading to improved to advertise this by end of October on an indicative banding. outcomes

4. Board and ELT Leadership Capacity and Succession Planning (April to June 2023 - now extended) Scope - Invest in Board-wide leadership capacity to support long term Transformation and Sustainability of services and workforce

Action (s)/Timescales Update Intended Impact/Outcome/

1. Appoint Deputy CEO 1. Job description has been developed and shared with ELT 19

June. The recruitment process was approved by the
A clear and challenging set of corporate objectives
Actions marked in bold carried Remuneration
Committee on 4 July 2023. reflected at every level of the organisation and good **2 forward and will be reported**
quality data to guide operational performance (notably

through the Leadership domain. in ‘supporting our staff and cultural intent)’ aligned with

these.

Effective team and inter-team working with everyone

6 taking responsibility for creating collaborative

relationships and working as a system informed by

Blueprint for Good Governance indicators.

- Recruitment processes commenced - Outcomes 2 and

6.

Escalation Improvement Action Plan v2: Close out Report s

5. **Strengthen the voice of patients and staff (April to June 2023 - now extended) Scope** - Ensure feedback from patients is incorporated in relation to safe patient care improvement work

Action (s)/Timescales Update Intended Outcome

1. Establish NHS Forth Valley 1. This Forum provided feedback from patients and the public in Diversity is positively valued, and everyone is included

Public Forum □**.** relation to the response to the HIS recommendations. This 4 and respected, strengthening trust, transparency, and

2. Incorporate feedback from forum is led by the Executive Nurse Director and the first staff wellbeing.

Forum into response to HIS meeting was held February 2023. It was anticipated that this

Requirements.□**.** group would run for 6 meetings with a specific remit in relation

to the Safe Delivery of Care work, all 6 meetings have been

Everyone taking responsibility for continuously

Actions complete – not carried delivered and a

wrap up meeting in August is scheduled. In **5** improving quality, learning and innovating in safe and

forward into Assurance and the August meeting the SLWGs will report to the Forum on

empowering conditions.

Improvement Plan. 'You said we did' in relation to feedback given. **Measures and Impact**

For activity on staff voice and learning from other Boards see

No specific measures relating to the Forum, participant

actions below.

feedback in relation to Forum involvement has been very

favourable and service users have been able

to influence

the Board's approach.

Escalation Improvement Action Plan v2: Close out Report s

6. Learning from other NHS Boards (April to June 2023)

Scope - Enhance the voice of staff and learn from experiences of other Boards

Action (s)/Timescales Update Intended Outcome

1. Evaluate current speak up 1. This review will be concluded by September 2023. Diversity is positively valued, and everyone is included

staff service. 3. NHS Forth Valley HRD has shared learning and best practice 4 and respected, strengthening trust, transparency and

2. Implement any changes to with ELT and the Escalation P&R Committee. This learning staff wellbeing.

speak up recommended. has informed a process of evaluating the NHS Board against

3. Review learning from other the 23 improvement actions and will include a review of our Everyone taking responsibility for continuously

Boards including Highland and Whistleblowing (WB) support structures and delivery of **5** improving quality, learning and innovating in safe and

GC&C □**.** Compassionate leadership Programme. A separate action empowering conditions.

4. Increase Whistleblowing has been added to cover the Compassionate Leadership

5. Increase Whistleblowing Lead Confidential Contacts **.** □**.** Programme. **Measures and Impact** 4. Additional whistleblowing confidential contacts have been • Investigators. □ **.** recruited. Additional confidential contact training is scheduled Speak up trend - See **Employee Relations Metrics** - 6. Establish whistleblowing for 31st of August 2023. • Whistleblowing trend - See **Employee Relations** network. □ **.** 5. Additional whistleblowing lead investigators have been **Metrics** 7. Establish process of continuous recruited and are being supported in their training. improvement of whistleblowing 6. Whistleblowing network developed and initial meeting took To date use of these

services remains fairly low. This will process. □ **.** place on the 26th of July 2023. Next session planned for 27th be addressed within the overall Culture domain. September 2023 **Initial actions mostly complete.** 7. Refining of whistleblowing process ongoing based on **Actions highlighted in bold** feedback from reporters. Meeting with INWO to discuss **carried forward and will be** further refining of whistleblowing processes took place on the **reported through the Culture** 31st of July 2023. Annual report and update presented to Staff **domain alongside further work to** Governance Committee on 15th September 2023. Further **develop the effectiveness of** development of processes following engagement with the **these channels.** INWO in an early resolution process, where learning was shared from the reporter.

Escalation Improvement Action Plan v2: Close out Report s

7. - Compassionate Leadership Programme (April to December 2023)

Scope - Support a healthy organisational culture where staff feel able and supported to speak up

Action (s)/Timescales Update Intended Outcome

1. Establish Compassionate 1. The Programme was approved by ELT in January 2023. A High quality support and compassion for staff, ensuring

Leadership programme and Cultural Change & Leadership Oversight Board has been 3 that they have the right working conditions and

Governance**.** □ established and Terms of Reference are finalised. Terms of resources to support their own wellbeing and deliver

2. Launch the programme formally Reference and minutes from this Board will be shared with the consistently high standards of care and treatment that

with staff. □ Staff Governance Committee. The first meeting of this Board people expect.

3. Complete Diagnostic Phase has taken place. A Programme Director is in post and is

4. Complete Synthesis Phase
and respected, strengthening trust, transparency, and rd **(September)** (July). □ directing, overseeing and implementing C&L Programme. 4 Diversity is positively valued, and everyone is included
2. The C&L programme was launched on 3 April 2023 and ELT staff wellbeing.

5. Complete Design Phase members have been meeting with staff across Forth Valley to

(December) promote the programme. Everyone taking responsibility for continuously

6. Commence Delivery Phase improving quality, learning and innovating in safe and 5

Actions highlighted in bold are driving the programme. The Discovery Phase started on 1st st May and concluded on 31 **(December)** 3. A partnership core working group is meeting regularly and is empowering conditions.

July. During this phase - focus **Measures and Impact**

reported through the Culture Measures for the programme to be developed. **carried forward and will be** groups, a staff and partners survey 1:1 interview with Board members took place.

domain.

During the Diagnostic Phase 120 staff attended 40 focus group sessions and 88 staff attended out of hours sessions. 747 staff responded to the staff survey and 65 responses were received for the Partner survey. 28 1:1 staff sessions took place and 12 interviews were conducted with Board and Executive Leadership Team Members. 6 interviews have taken place with the Whole Systems Leadership Team and 3 members took part in a Focus Group.

4. Work is now underway to bring all findings together in preparation for presentation to FV NHS Board for consideration and approval in October 2023.

Escalation Improvement Action Plan v2: Close out Report s

8. Governance Review - Board (March to June 2023) now extended

Scope - Assess effectiveness and efficiency of the NHS Board’s corporate governance arrangements

Action (s)/Timescales Update Intended Outcome/

1. Commission external Review of 1. Professor John Brown, Chair of NHS GG&C, has begun an Primary functions of governance embedded

NHS Board and Assurance 7 independent review of NHS Board and Assurance Committee throughout the Boards and Board Assurance

Committee governance governance arrangements. Committees.

2. Interim Report received. below: Enabling conditions in place, specifically diversity and 8 **3. Final Report Received (date** arrangements **.** The review continues having agreed a methodology - as set out

- 1:1 meetings with Board members, ELT members and values.

tbc) other key staff continues during August.

4. **Action Plan to respond to** • Desktop review of Board governance documentation e.g.,

Actions highlighted in bold are . • Attendance at meetings to observe content, quality of reported. conversations etc during the period January to 25 th May Measures will be defined following receipt of the Final 2023. Report. **carried forward and will be findings/recommendations -** and ELT papers, minutes etc continues. Diagnostic work remains ongoing therefore no impact to be **approved by NHS Board Governance Review** Strategies, Plans, SFIs etc including Board, Committee **Measures and Impact reported through the** 2. The Interim Report was received. **Governance domain.**

3. Final Report has been delayed due to interviewee availability.

9. Board Development (March to June 2023) now extended

Scope - Assess effectiveness and efficiency of the NHS Board's corporate governance arrangements

1. Initial Board enquiry session**.** ☐ 1. An initial enquiry session was undertaken with the Board on Primary functions of governance embedded th 7 2. Agree self-assessment the 9 of May. It was agreed that the next step would be to throughout the Boards and Board Committees. process. **Action (s)/Timescales Update Intended Outcome**

3. Self-assessment period Enabling conditions in place. 8 (September). ☐ use the NHS Board self-assessment process.

4. Review self-assessment been agreed to deliver the self-assessment process. An initial th **output.** ☐ 2. An initial programme supported by external facilitator has

5. Action plan to address self- Response to the diagnostic is in progress. **assessment findings.** briefing session on the process was held on 9 of August. **Measures and Impact Actions highlighted in bold are**
3. The self-assessment will run from the 8th of September to the Measures will be defined following agreement of action th 25 of September. plan.
carried forward and will be 4. The Board will review the self-assessment feedback during **reported through the** December 2023.

Governance domain.

Escalation Improvement Action Plan v2: Close out Report s

10. Accountability and Governance - Perfomance Management (December to June 2023) Scope - Pilot Performance Meetings and Refresh Performance Management Framework

1. Undertake 3 pilot meetings**.** ☐ 1. The final meeting took place in March. Primary functions of governance embedded 7 2. Incorporate learning into throughout the Boards and Board Assurance refreshed NHS Performance **Action (s)/Timescales Update Intended Outcome** 2. Findings from the pilot have been incorporated into the Committees.

3. Approve refreshed NHS taken to ELT for review. Feedback around aligning the HSCP Enabling conditions in place. 8 Performance Management Management Framework. ☐ Performance Framework. The refreshed Framework has been performance meetings with Council (s) has also been

Framework (August). ☐ reflected. The Framework will be taken to P&R for approval.

are complete. Further work to discussed with ELT (14th August) and was approved by the th **embed Performance** P&R Committee on 29 August subject to detailed definition **Measures and Impact Management is ongoing and will Initial actions identified above** 9 3. The refreshed Performance Management Framework was Delivery conditions in place.

be reported through the of the detailed HSCP governance and reporting • Performance Framework approved arrangements. • Outstanding actions completed **Governance domain.** • Tests of new ways of working completed.

11. Whole System Governance (December to June 2023)

Scope - Ensure effective governance across NHS Forth Valley and the IJBs

1. Approve new decision-making 1. A new decision-making matrix to support good governance Primary functions of governance embedded 7 matrix ☐ **.** across Forth Valley (i.e., NHS service delivery decision throughout the Boards and Board Assurance 2. Implement decision matrix. **Action (s)/Timescales Update Intended Outcome** ☐. making and the IJB Directions, aligned to the Scheme of Committees.

4. Transfer remaining services, decision-making matrix map for decision making processes within the approved Enabling conditions in place. 8 **3. Review effectiveness of** Delegation has been produced. The matrix provides a route governance framework for NHS Forth Valley and the IJBs.

staff and budget Matrix shared with Council CEOs. Now adopted as a tool to **responsibilities to Lead** support effective decision making/governance and should **Measures and Impact**

and budgets already sit with business as usual. It was endorsed by the Executive Decision matrix has been developed. Initial road testing th **IJB for strategic planning, HSCPs (hosting) – functions** over time become redundant as these arrangements become

Leadership Team on 9 January (approved plan date was by
indicates further development of matrix is required.
commissioning and end of December 2022) and
has been also approved by the **oversight responsibilities.** HSCPs and shared with IJBs. ☐

2. This matrix is now in place. ☐

Escalation Improvement Action Plan v2: Close out Report s

Actions highlighted in bold are 3. A review of the decision-making matrix compliance was Operational transfers are in place. Facilitated sessions to **carried forward and will be** schedule to be undertaken in July. It was agreed to road test review completeness of budgets and review current risks will **reported through the** the matrix using recent live examples and this work is under be undertaken to conclude this action. **Integration domain.** way.

4. All three operational management of service, staff and budgetary responsibilities have been concluded by 31 January. An attached manager (s) to support OOH and Primary Care Services is in place - these managers are working directly with the HSCP whilst recruitment to a Head of Service (Primary Care) and Service Manager (OOH) is progressed by Falkirk HSCP. Additional management capacity has been approved by the NHS Board and the HSCPs are leading on the recruitment to all three management posts. Final step is to review completeness of transfer,

12. Whole System Governance - Review of Integration Scheme (December to December 2023)
Scope - Ensure effective whole system governance - Forth Valley

1. Secure ‘integration’ external 1. Terms of Reference - ‘Health & Social Care Assessment, Primary functions of governance embedded 7 support to review integration Support & Improvement’ presented to the Assurance Board throughout the Boards and Board Assurance arrangements. **Action**

(s)/Timescales Update Intended Outcome □ (May) for information. Support provided on a whole system Committees.

2. Review of Integration basis to deliver system-wide opportunities to maximise the **Schemes led by Councils and** benefits from working together. David Williams, Govt Enabling conditions in place. 8 **Health Board.** Professional Advisor would provide one day per week

3. Approve Integration (flexible) to support sustainable improvement and progress on **Schemes for submission to** integration with all Parties involved, this will include agreeing a 9 **Govt for approval.** shared narrative – i.e., vision and strategic aims and collective Delivery conditions in place.

4. Reassess MSG proposals to commitments.

inform wider partnership 2. David Williams working with Councils and Health Board will

Actions highlighted in bold are
a ‘critical friend’ and subject matter expert. 3. Complete Integration Scheme review during Aug/Sept to **working opportunities.** help support a Measures will be defined following completion of the self-review of both Integration Schemes. acting as **Measures and Impact**
carried forward and will be assessment. enable consultation to proceed prior to submission.
reported through the 4. David Williams to support MSG reassessment, acting as a **Integration domain.** ‘critical friend’ and subject matter expert.

Escalation Improvement Action Plan v2: Close out Report s

13. Acute Services Leadership and Management - (March to May 2023 - extended) Scope - Stabilise and increase management capacity within the Acute Services Directorate

Action (s)/Timescales Update Intended Impact/Outcome/

1. Appoint to Head of Service 1. Permanent appointment to vacant Head of Service post was

Care) role ☐**.** supported by strong clinical leadership – new AMD, and ED reflected at every level of the organisation and good **2** ☐ (Emergency and Inpatient made on 2 March 2023, external candidate now in post A clear and challenging set of corporate objectives

2. Appoint Interim Acute Services CD and Clinical Lead now in post. quality data to guide operational performance (notably

Director ☐**.** in 'supporting our staff and cultural intent)' aligned with

2. The secondment opportunity for the role of Acting Acute these.

Actions complete – not carried Services Director (12 months) has been filled and the new **forward into Assurance and** Director is in post. The previous Acting Director has agreed to Effective team and inter-team working with everyone **Improvement Plan. 6** provide a mentoring support role for a 3/6-month period to taking responsibility for creating collaborative

ensure the stability of the site is maintained and the
relationships and working as a system informed by
improvement work continues to be implemented
and Blueprint for Good Governance indicators. sustained. ☐

The above actions have resulted in a number of senior managers • Identifed positions filled - Outcomes 2 and 6 and professional leads returning to their substantive posts. This, in **Measures and Impact** turn, has increased overall senior management capacity on the
• More stable structure in place across Acute Services
acute hospital
site.

14. **Relationship Building and Communications - (March to May 2023 - extended) Scope** – Enhance stakeholder engagement

Action (s)/Timescales Update Intended Outcome

1. Ensure appropriate 1. Staff side and CEO Escalation meeting every 4 weeks to Primary functions of governance embedded 7 communications plan in pace update on actions and progress. throughout the Boards and Board Assurance and key stakeholders updated Regular updates to ACF meeting in place. Committees, specifically engaging with key on regular basis ☐ **.** Regular internal updates - dedicated ‘escalation’ on Staff stakeholders. intranet and externally via dedicated NHS Board ‘escalation’ **Actions complete – not carried** link. **Measures and Impact forward into Assurance and** Monthly MSP/MP meetings in place. **Improvement Plan.** Monthly Chief Officer and Local Authority/NHS Chief • Meetings in place and taking place on ongoing basis. Executive meetings in place supported now by David • Escalation site in place and updated Williams. • Staff and stakeholders informed on key issues Quarterly Leader/Chair meetings in place and Chief Executives will be invited to join this meeting as appropriate.

Escalation Improvement Action Plan v2: Close out Report s

15. Performance - (March to June 2023 - extended)

Scope - sustainable improved performance in areas/services escalated

1. Management and monitoring 1. OOH services. Monthly updates shared with S Govt Primary Primary functions of governance embedded 7 arrangement in place for a Care Division colleagues. OOH Services are regularly throughout the Boards and Board Assurance number of key areas. **Action (s)/Timescales Update Intended Outcome** considered, and assurance sought by the Clinical Governance Committees.

Actions ongoing – Performance Escalation P&R Committee. Enabling conditions in place. 8 **monitoring carried forward and** Committee. Assurance on progress is provided to the

Performance domain. Unscheduled Care (UUSC) are considered by the P&R 9 Committee. Assurance on progress against trajectory is **will be reported through the** CAMHS, Psychological Therapies (PT) and Urgent Care & Delivery conditions in place.

provided to the Escalation P&R Committee.

NHS HIS Improvement Action Plan - this is considered by the • Separate detailed reports for each of these areas have Clinical Governance Committee. Assurance on progress is **Measures and Impact** provided to the Escalation P&R Committee.
reported using integrated functionality on Pentana, the been developed and refined. CAMHS and PT will be
Board’s Performance Management reporting software,

going forward. This software brings risks, actions and

data together into one report.

• UUSC will be reported separately due to significant use of SPC charts which Pentana does not support.

- Colleagues have reported improved focus on data.
- Clear evidence that CAMHS are improving wait times.
- PT are holding performance around 70% and are closer to the Scottish average.
- UUSC has improved performance in some metrics – work remains ongoing.

Escalation Improvement Action Plan v2: Close out Report s

16. Measurment Framework (MF) - (March to April 2023 - extended)

Scope - Demonstrable improvement in areas highlighted in the Escalation Action Plan

Action (s)/Timescales Update Intended Outcome

1. Agree a Measurement 1. MF has sought to align leadership, governance and cultural

Framework which tracks improvement with corresponding indicators and measures to 9 Delivery conditions in place. **progress across a number of** track improvement over time using QI cause and effect

continues to develop and evolve
developed around outcomes which is then supported by organisation. detailed metrics. **– this action is carried forward into Assurance and Improvement Plan. The approach to measurement** Escalation P&R Committee and Assurance Board in July. • High level Measurement Framework has been Work is ongoing to support, refine and embed this across the **key areas.** methodology. The MF was updated and presented to the **Measures and Impact**
17. Assurance of Strategies and Commissioning Plans - (June to December 2023) Scope - Enhance assurance framework to improve quality of Strategic and Commissioning Plans in accordance with Blueprint for Good Governance

guidance/indicators.

1. Agree approach and initial tool 1. The Blueprint for Good Governance Appendix A sets out a Primary functions of governance embedded 7 to enhance quality assurance number of quality criteria that Strategic and Commissioning throughout the Boards and Board Assurance process. **Action (s)/Timescales Update Intended Outcome** Plans should comply with. A checklist has been developed Committees.

3. Test checklist process Strategies. proposed to deploy this approach with key Strategic and Enabling conditions in place. 8 2. Refine list of Forth Valley that can be used to evidence effective

compliance. It is Commissioning Plans in development in 2023; this includes

5. Approve updated list of process. Digital Strategy. Adoption of this approach will support spread 9
4. Embed quality assurance People Strategy, Financial Plan, Healthcare Strategy and of good practice across NHS Forth Valley and support Delivery conditions in place.

strategies. effective delivery. This approach was taken to ELT in

September and was approved.

Assurance and Improvement
strategies. Comments received on the proposed list have bene received from ELT support an improved delivery focus in strategies. **plan** strategies to be delivered by the Board. In addition, it will **will consider the** 3. Pilot review of Digital Strategy has been undertaken and **effectiveness of the overall be reported through the** Valley suggests there is an opportunity to rationalise the list of The enhanced approach will support clarity on key **Governance domain. The Actions carried forward and will** 2. Initial review of the current Strategies published by Forth **Measures and Impact**
feedback on this presented to ELT.

Assurance Framework. 4. The new quality assurance process is being embedded into

ongoing delivery. Paper has been drafted to agree approach

with ELT.

Escalation Improvement Action Plan v2: Close out Report s

Appendix A – Additional Integration Actions

6 Integration actions were jointly agreed by the Chief Executives of Forth Valley Health Board, Clackmannanshire Council, Falkirk Council and Stirling Council together with the two Chief Officers. 4 of these actions are reflected in actions 11 and 12 above. 2 of them are additional and are noted below.

Integration Action 1 - Reposition health improvement services, staff and budget responsibilities
Scope: Realign existing staff to each of the HSCPs

Action (s)/Timescales Update Intended Impact/Outcome

1. Review staff alignment. 1. Health promotion/improvement services/staff were 2. Align budgets in line with changes. subject to an organisational change which included a Effective team and inter-team working with everyone

preference exercise and one to one meetings to 6 taking responsibility for creating collaborative allow a formal realignment of staff to each of the relationships and working as a system.

Actions complete – not carried forward HSCPs, no change overall in locality-based staff. **into Assurance and Improvement Plan.** Completed: no further action – recruitment to

2. The funding for both Keep Well and Health NHS responsibilities. Identify elements within the MSG principles to measure vacancies included in 'business as usual' HSCP **Measurment Framework**

completeness of transfer.

Promotion were already delegated to the IJBs, and

since the realignment of staff, a budget transfer

(£538,000) from Falkirk to Clackmannanshire &

Stirling HSCP has been completed.

3. Development work ongoing to support the delivery of a fresh approach to Health Improvement within a locality context. As part of HSCP continuous improvement business as usual approach.

Escalation Improvement Action Plan v2: Close out Report s

Integration Action 2 - Develop a shared strategic narrative that expresses a collective (Local Authorities, Integration Joint Boards and NHS Board) ambition for health and social care integration and wider areas of opportunity.

Scope: Develop a shared narrative and a strategy to communicate this to appropriate staff.

Action (s)/Timescales Update Intended Impact/Outcome

1. Develop shared narrative. 1. A shared narrative has been developed and agreed **2. Test narrative with senior colleagues** by Chief Officers, Local Authority Chief Executives, Effective team and inter-team working with everyone **3. Identify best practice case studies to** 6 and the Health Board Chief Executive. This will be taking responsibility for creating collaborative

support awareness raising activity. further developed at the ongoing Partnership relationships and working as a system.

4. Develop communications plan to Working meetings.

promote shared vision.

Integration domain. integrated working amongst our collective workforce transfer. and partners. This will be jointly led by Chief Officers, Local Authority Chief Executives, and the Health Board Chief Executive. **Actions highlighted in bold are carried** awareness raising about our shared vision for Identify elements within the MSG principles to measure of **forward and will be reported through the** 2. There remains a commitment to whole system **Measurment Framework**

Version 3

Programme Name: NHS Forth Valley Assurance and Improvement Plan

***SRO:** Amanda Croft

Programme Manager: Kerry Mackenzie

Purpose

The purpose of this paper is to provide an Executive Summary of improvement plans in place in response to Stage 4 Escalation for Governance, Leadership and Culture, and to demonstrate progress on actions to deliver sustainable improvements for patients and staff aligned to each of those three domains.

Context and Background

NHS Forth Valley were escalated to Stage 4 of the NHS Scotland Performance Escalation Framework in November 2022 for concerns related to governance, leadership, and culture. The initial areas of focus in response to escalation were set out in Version 1 of the Escalation Improvement Action Plan (December 2022).

An updated version of the Action Plan and Measurement Framework was published in March 2023 and set out actions in place for the period to May 2023, aligned to achieving high-level outcomes based on the Blueprint for Good Governance, the principles of the Culture Change and Leadership Programme and the Staff Governance.

Assurance and Improvement Plan

Since September 2023, the Executive Leadership Team have been working on the third iteration of the Improvement Plan, titled the 'NHS Forth Valley Assurance and Improvement Plan'. This builds upon the work already undertaken in the first two versions, and aims to provide a more meaningful, specific plan, detailing clarity of ownership, and timelines for action.

A full close-out review of Version 2 has been completed, with all outstanding actions identified and carried forward, with a further detailed review of action plans against each of the three domains to ensure relevance, completeness and alignment to target outcomes.

One key feature of the Assurance and Improvement Plan is a more systematic, programmed approach to the Plan's format and layout. This format provides a more project-based approach that includes high-level outcomes supported by clearly defined actions to demonstrate progress, that aligns with our own Corporate Programme Management Office (CPMO) approach.

Executive Summary:

Initial pilot work has also taken place using the 'Well Led' Framework to support continuous improvement approaches in integrated governance, leadership and culture structured around key lines of enquiry and it is planned that this will be further rolled out pending evaluation.

In addition to the above, we have set out our overall long-term ambitions, building into existing plans to take forward our commitment to being a Population Health organisation, working with partners in Forth Valley to improve the health and wellbeing of NHS Forth Valley staff and patients. These aspirations will be reflected in the Healthcare Strategy covering the period 2024 to 2028 and will be supported by our People Strategy and highlighting our ambition to be an employer of choice.

Progress Against Plan

The full close-out of Version 2 describes progress on actions to date. The current action plan (Version 3) is set out in the attached document.

Next Steps

This Assurance and Improvement Plan will go to the NHS Forth Valley Board meeting for approval on 28 November 2023 and will then be shared across the organisation as part of regular updates on progress in response to escalation.

***Start Date :** 10/25/23

***End Date :** 3/31/24

Programme Detail Version 3

Programme Name: NHS Forth Valley Assurance and Improvement Plan

***SRO:** Amanda Croft

Programme Manager: Kerry Mackenzie

This Executive Summary of our Assurance and Improvement Plan provides an overview of the actions being taken forward in response to Stage 4 Escalation. It also aims to provide assurance that this work is delivering the required improvements, outcomes and sustainable benefits for patients and staff. This builds on the work set out in the previous two Improvement Plans developed by the Board and provides a more systematic approach with clearly defined measurable actions and outcomes.

The Plan covers the following key areas: -

- Programme Governance

- Programme Stakeholders

- Meeting Calendar

- Programme & Action Plans – including leads, timescales, measurement, impact and evidence

- Additional Improvement Actions – not related to escalation

- Risk Overview

- Risk Register

- Issue log

- Decision change log

In addition to the above, we are committed to improving population health and addressing health inequalities, while delivering safe, effective and high-quality healthcare services to local people across Forth Valley. This commitment, along with longer-term plans and priorities, will be reflected in our new Healthcare Strategy which will cover the period 2024 to 2029.

Key Priorities

The Assurance and Improvement Plan focuses on actions to further improve and strengthen culture, leadership and governance across the organisation. Examples of the key aims, actions and outcomes for each of these areas is outlined below and further detail is included in the action plans.

Culture

Key Aims - improve staff experience by ensuring colleagues feel valued, are treated fairly and are encouraged to speak up, confident that they have a voice and will be listened to and that the organisation will learn from feedback.

Key Actions - Develop and implement a Culture Change and Compassionate Leadership Programme in partnership with staff and colleagues. Review and identify learning from patient, staff and stakeholder feedback, including incident reports, adverse events and complaints, and ensure this is captured and acted on.

Key outcomes - Reduced absence levels, improved recruitment and retention, improved experience reflected through staff surveys and other feedback mechanisms. Fewer incident reports and complaints linked to similar themes/issues.

Leadership

Key Aims – leaders at all levels model positive behaviours, staff have clearly defined responsibilities and accountabilities, a culture of openness and honesty is encouraged by an organisation that is open to new ideas.

Key Actions – ensure corporate objectives are aligned with the aims of the organisation with clear responsibilities and accountabilities at individual, team and service levels.

Programme Detail:

Key Outcomes – improved delivery of local and national aims, objectives and targets, leadership capacity and capability to develop and deliver high quality sustainable services within available resources, clear vision and credible strategy to deliver plans, robust systems and processes for continuous improvement and innovation.

Governance

Key Aims – strengthen governance arrangements across the organisation in line with the national guidance Blueprint for Good Governance and feedback from auditors and other assessments and evaluations.

Key Actions – implement the recommendations from the external review of Corporate Governance commissioned by the Board. Ensure regular monitoring of performance with appropriate scrutiny and actions – including a programme of performance reviews, aligned to key priorities.

Key Outcomes – improved organisational performance evidenced through feedback from external reviews, visits and assessments, patients and staff.

Whilst the areas above are the priority focus in response to escalation, work continues to:

- Integrate a wide range of local health and social care services

- Respond to the recommendations of the Health Improvement Scotland (HIS) safe delivery of care report on Forth Valley Royal Hospital - Reduce costs and deliver value for money to secure longer financial sustainability

- Improve performance in a number of service areas, including: -

- The 4-hour emergency access standard

- Child and Adolescent Mental Health Services (CAMHS)

- GP and Primary Care Out of Hours Services

- Psychological Therapies

Whilst there are completion dates in place for each of the actions, many will become business as usual.

***Start Date :** 10/25/23

***End Date :** 3/31/24

Programme Governance

Scottish Government Director General of H&SC and

NHS Forth Valley

Clackmannan and

Board

Stirling Integration

Local Authorities (3)

Joint Board

Area Partnership Area Clinical Forum Audit Risk Committee

Forum

Falkirk Integration

Clackmannan and Stirling HSCP Joint Board Escalation Clinical Governance
Performance and Performance & Staff Governance

Resources Committee Resources Committee Committee Committee

Falkirk HSCP

Advisory Committees Escalation Governance

Overall Programme BAU Governance

Governance Structures **Culture** **Governance** **Leadership**

Key Priority Areas

Cost Improvement & Value Healthcare Improvement Performance Integration Scotland (HIS)

Programme Stakeholders

Programme Name NHS Forth Valley Assurance and Improvement Plan

SRO Amanda Croft

Last updated by VA

Last review date 10/3/23

Membership:

Programme Role Name Job Title Column1 Membership Purpose Reporting to:

Programme SRO (Chair) Amanda Croft Interim Chief Executive

Programme Manager Kerry Mackenzie Head of Policy & Perfomance

Administrator Jackie McEwan Corporate Business Manager

NHS Forth Valley Board Member Robert Clark Non Executive Director / Employee Director

HR Kevin Reith Interim Human Resources Director

Nursing Frances Dodd Executive Nurse Director

Public Health Jennifer Champion Acting Director Of Public Health

Clinical Lead Andrew Murray Medical Director

Finance Scott Urquhart Director of Finance

Clinical Leadership James Cannon Interim Acute Services Director

Health & Social Care Partnerships Annemargaret Black Director of Health & Social Care/Chief Officer

Communications & Engagement Elsbeth Campbell Head of Comms

Health & Social Care Partnerships Patricia Cassidy Director of Health & Social Care/Chief Officer

Women & Children's Directorate Gillian Morton Director CPMO/ Women and Children's Directorate

Estates, Facilities & Infrastructure Morag Farquhar/Scott Jaffray Acting Director of Facilities & Infrastructure

CPMO Support Val Arbuckle CPMO/Prebirth Planning Service Manager

CPMO Support Debbie MacLeod Project Manager

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

JANUARY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29

FEBRUARY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

MARCH

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

APRIL

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

MAY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

JUNE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

JULY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

AUGUST

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

SEPTEMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

OCTOBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NOVEMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

DECEMBER

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

JANUARY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

FEBRUARY

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

MARCH

Key

FV NHS Board

FV NHS Board Seminars

FV Assurance & Improvement Board 10.00 - 12.00

FV Performance & Resource Committee (P&R

FV Clinical Governance Committee

FV Staff Governance Committee

FV Audit & Risk Committee / FV Endowment Committee

FV Remuneration Committee

Executive Leadership Team (ELT) 10.30 -12.30

WholeSystem Leadership Team

Escalation Performance & Resource Committee

NHS Forth Valley Assurance and Improvement Programme Plan - 25/10/2023 -

31/03/24

Number: Improvement Actions: Lead: Overall Status: Status Update: Completion Date Governance Reporting Route

NHS Forth Valley Assurance and Improvement Plan Complete 3/31/24

Programme Execution (Improvement Actions)

1 Culture Staff Governance Committee

1.1 Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement Kevin Reith

5/31/24

1.2 Provide assurance that Whistleblowing Policy and Speak Up initiative are embedded across the organisation Frances Dodd 12/31/23 1.3 Ensure that NHS Forth Valley has made progress on recommendations outlined in the Sturrock Report Kevin Reith 3/31/24

Implement learnings from colleagues, patients, and public representatives in respect of incident reporting e.g. Incident Reports

1.4 Frances Dodd

(IR1s), complaints and significant adverse events

6/30/24

1.5 Improve equitable access to eHealth Systems Scott Jaffray

3/31/24

Deliver Culture Change and Compassionate Leadership Programme to promote and lead the development of a positive

1.6 Kevin Reith

organisational culture 6/30/24

1.7 Include issues relating to culture and learning as part of service performance reviews Amanda Croft 12/31/23

Embed staff side colleagues' involvement within Business Unit structures, Organisational Governance structures and appropriate

1.8 Kevin Reith operational working groups 3/31/24

2 Leadership Staff Governance Committee

2.1 Executive Leadership Team (ELT) promote and role model positive behaviours Amanda Croft

3/31/24

2.2 Ensure professional and managerial structures are fit for purpose Amanda Croft 3/31/24 2.3 Ensure corporate objectives are aligned with the aims of the organisation Amanda Croft 11/30/23 2.4 Ensure the Quality Strategy is embedded across the organisation and an evaluation process is in place Andrew Murray 1/31/24

3 **Governance** Performance & Resources Committee

3.1 Kerry Mackenzie 3/31/24 Complete the work on the Board Assurance Framework and ensure it is aligned to the Scottish Government NHS Blueprint for

Good Governance

3.2 Ensure appropriate induction and ongoing development for Board members is in place Kerry Mackenzie 1/31/24

3.3 Ensure regular monitoring of performance, scrutiny of results and outcomes Kerry Mackenzie 3/31/24 3.4 Address any outstanding recommendations from the external review of governance Scott Urquhart 3/31/24 3.5 Reflect any further recommendations arising from the Board self assessment feedback Amanda Croft 12/31/23

4 **Integration**Performance & Resources Committee

4.1 5/31/24 Ensure transfer of pan Forth Valley operational management of services, colleagues, and budget responsibilities for delegated Annemargaret Black / Patricia

functions Cassidy

4.2 Discuss and agree management of prison healthcare services transfer to Health & Social Care Partnerships (HSCPs)

11/30/23

Review the Integration Schemes for both Falkirk and Clackmannanshire & Stirling HSCPs

4.3 Amanda Croft

3/31/24

Build on existing business processes and decision-making matrix to deliver effective governance across and between Integration

Joint Boards, HSCP Leadership Teams, Local Authority Leadership Teams and the NHS Board Executive Leadership Team.

4.4 Frances Dodd

2/29/24

5 Cost Improvement and Value

5.1 Develop plans to support financial sustainability Scott Urquhart 3/26/24

5.2 Reinforce financial governance arrangements, controls and monitoring Scott Urquhart

1/27/24

6 Performance

6.1 Work to improve the emergency 4 hour access standard through delivery of the Urgent and Unscheduled Care Programme Andrew Murray Performance & Resources Committee

3/31/24

6.2 Deliver the Out of Hours Programme / Action Plan and recommendations Patricia Cassidy Clinical Governance

3/31/24

6.3 Improve compliance with Child & Adolescent Mental Health Service (CAMHS) 18 week Referral to Treatment (RTT) standard Gillian Morton Performance & Resources Committee

3/31/24

6.4 Improve compliance with Psychological Therapies 18 weeks RTT standard Annemargaret Black Performance & Resources Committee

3/31/24

7 Healthcare Improvement Scotland (HIS) Clinical Governance

Deliver the Safe Delivery of Care Programme including requirements outlined in the Health Improvement Scotland (HIS) report on

7.1 Frances Dodd 1/31/24

Forth Valley Royal Hospital

Action Log

Programme Name NHS Forth Valley Assurance and Improvement Plan

SRO Amanda Croft

Last updated by DM

Last review date 11/7/23

Number: Related Milestone: Action Details: Action Owner: Action Added: Completion Date RAG Update on Action: Impact & Measures Link to Evidence - (Embedded Doc.)

Colleagues feel valued

Colleagues have a voice

Culture **NHS Forth Valley promotes positive behaviours**

Provide feedback and close the loop

Promote equity and fairness

Improved engagement scores and number of local action plans reviewed and

completed. Employee engagement in iMatter process over last 3 years. Positive movement in iMatter scoring, contextual comparison to learning from NHS 2023 iMatter Survey Results as a baseline.

1 Culture Review arrangements for iMatter to ensure effective organisational engagement Kevin Reith 10/11/23 5/31/24 **IN DATE** 11/10/23 - Action added

National reporting. 2024 iMatter Survey Results. Undertake regular check-ins of local action plans within business units. CEO Overall Report. Informed preparation for 2024 iMatter Survey.

2 Culture a) Review 2023 / 24 Plans and progress for NHS Forth Valley Kevin Reith 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

b) Regular iMatter reporting on progress of current plan and regular reports / updates to Staff

3 Culture Kevin Reith 10/16/23 2/29/24 **IN DATE** is valuable to complete and makes a positive difference)

Governance Committee

16/10/23 - Action added

c) Reflecting on any lessons or learning from the NHS Scotland iMatter report and findings - 16/10/26 - Build in learnings to local plans / processes

4 Culture Kevin Reith 10/16/23 4/30/24 **IN DATE**

presentation due early 2024 16/10/23 - Action added

5 Culture d) Prepare for 2024 / 25 cycle of iMatter taking into consideration any lessons learned Kevin Reith 10/16/23 5/31/24 **IN DATE**

The Whistleblowing Policy and Speak Up are embedded across the organisation.

iMatter Report

Colleagues are informed of local processes on timelines and resolution through line

Quarterly update paper to the Board

management in the first instance. If unresolved, colleagues are fully informed of the

Annual Whistleblowing report to the Board

6 Culture Provide assurance that Whistleblowing Policy and Speak Up are embedded across the organisation Frances Dodd 10/11/23 12/31/23 **IN DATE** 16/10/23 - Action added escalation processes through Whistleblowing Policy and Speak Up.

Refreshed Policy for 2024

Colleagues feel listened to and empowered to speak up and raise concerns without

Speak Up update to Staff Governance Committee

detriment or fear.

Communications and signposting clearly articulated on NHS Forth Valley Intranet.

a) Continue to promote Whistleblowing Policy and Speak Up arrangements incorporating

7 Culture Frances Dodd 10/16/23 11/30/23 **IN DATE** 11/10/23 - Action Added

organisational learning and organisational action plans

8 Culture b) Establish Whistleblowing Network Frances Dodd 10/16/23 10/31/23 COMPLETE

Greater visibility and fewer delays and more streamlined services. Appropriate local investigators and confidential contacts in place. 16/10/23 - Action added

9 Culture c) Review of existing arrangements for Speak Up Service to develop a more integrated approach Frances Dodd 10/16/23 12/31/23 **IN DATE**

16/10/23 - Action added

10 Culture d) Review and further develop Whistleblowing / Speak Up feedback and arrangements Frances Dodd 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

Actions undertaken to improve colleague wellbeing and retention aligned to the report

recommendations. Pentana HR Performance Reporting

11 Culture Ensure that NHS FV has made progress on recommendations outlined in the Sturrock Report Kevin Reith 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added

Colleagues feel listened to and valued. Staff Governance Committee Papers Improvement in process for raising concerns and scores.

12 Culture a) Review Sturrock report Kevin Reith 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

b) Carry out stock take of work undertaken in response to Sturrock Report and identify any gaps and

13 Culture Kevin Reith 10/16/23 1/31/24 **IN DATE** colleagues feel safe to speak up and raise any concerns.

develop recommendations

14 Culture c) Map and mainstream actions into existing work programmes Kevin Reith 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

A created culture of learning from incidents, adverse events, complaints and all other

sources of feedback, including inspection reports and plaudits. The organisation takes

Quarterly Patient Relation Report to Clinical Governance Committee and NHS Board.

appropriate learning from incident reporting. Implements and communicates actions to

Implement learnings from colleagues, patients, and public representatives in respect of incident reporting e.g. Annual Patient Relation Report to NHS Board.

15 Culture Frances Dodd 10/11/23 6/30/24 **IN DATE** 11/10/23 - Action added improve the provision of services, through monitoring of IR1 feedback reports,

IR1s., complaints and significant adverse events Public Patient Panel Minutes.

accountability for improvement plans, and emerging issues identified.

Clinical Governance Working Group and Committee papers and minutes.

Increased monitoring to provide greater visibility of issues and allow action to be taken

by Clinical Leaders across the organisation.

16 Culture a) Review and implement learning from all patient / stakeholder feedback Frances Dodd 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

b) Implement a feedback mechanism for IR1 Incident Reporting to check action is being taken to

17 Culture Frances Dodd 10/16/23 1/31/24 **IN DATE** 16/10/23 - Action added

ensure that colleagues are informed of outcomes

c) Implement a Quality Management Dashboard to provide greater visibility of hotspots / local issues

18 Culture Frances Dodd 10/16/23 6/30/24 **IN DATE** 16/10/23 - Action added

(ward / dept level)

d) Consider output of Quality Management of the Practice Learning Environment (QMPLE) Survey

19 Culture Frances Dodd 10/30/23 1/31/24 **IN DATE** 16/10/23 - Action added

(Student Nurse Survey) to incorporate into Board Intelligence around culture

e) Consider output of General Medical Council (GMC) Survey to incorporate into Board Intelligence

20 Culture Andrew Murray 10/30/23 3/31/23 **IN DATE** 16/10/23 - Action added

around culture

Implementation of the Data Sharing Partnership Plan will inform on progress and

compliance

Data Sharing Partnership Plan

21 Culture Improve equitable access to eHealth Systems Scott Jaffray 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added Each Business Unit will have reviewed and developed an action plan to ensure

eHealth access requests and eHealth user reports.

colleagues have access to all eHealth systems relevant to role.

a) Implement system wide review of access to information systems, to enable colleagues access

22 Culture 10/16/23 1/31/24 **IN DATE** 11/10/23 - Action Added

required for their role Scott Jaffray

b) Development of Stirling & Clackmannanshire and Falkirk Partnerships action plans to address any

23 Culture 10/16/23 3/31/24 **IN DATE** 11/10/23 - Action Added

issues or deficits Scott Jaffray

NHS Forth Valley is an employer of choice with colleagues wellbeing prioritised.
Link to Culture and Leadership Programme Delivery Tool HR
Delivery of Culture Change and Compassionate
Leadership Programme to promote positive organisational Compassionate leadership activities and programmes
with development measures performance reports within Pentana Staff

24 Culture Kevin Reith 10/11/23 6/30/24 **IN DATE** 11/10/23 - Action Added

culture identified to inform on improvement. Colleagues will feel included and survey results

valued. Sickness absence reduced. Reduced attrition rates Suite of culture data

25 Culture a) Presentation of Diagnostic Feedback Kevin Reith 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

26 Culture b) Share diagnostic feedback and seek contributions from colleagues to develop an improvement plan Kevin Reith 10/16/23 2/28/24 **IN DATE** 16/10/23 - Action added

27 Culture c) Development of programme of activity in response to feedback Kevin Reith 10/16/23 4/30/24 **IN DATE** 16/10/23 - Action added

Improved performance against KPI's with early identification and action to mitigate any

28 Culture Include business matters relating to culture and learning as part of performance reviews Amanda Croft 10/11/23 12/31/23 **IN DATE** 11/10/23 - Action Added issues. Assurance reporting metrics/framework to provide greater visibility of culture for Metrics to evidence through Business Unit Pentana Performance reports.

each Business Unit.

a) Build in a culture of change by identifying measures / indicators linked to current culture change

29 Culture Amanda Croft 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

programme within Business Units and Partnership performance reviews

Increased efficiency of organisational change processes.

Embed Staff Side colleagues involvement within Business Unit structures, Organisational Governance Proactive management and resolution of issues. HR performance reporting through Pentana system.

30 Culture Kevin Reith 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added

structures and appropriate operational working groups Colleagues feel empowered to influence change. Area Partnership Forum papers and minutes.

Formal employee relation issues reduced.

31 Culture a) Review existing meeting structures to ensure staff partnership involvement Kevin Reith 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

Demonstrate positive behaviours

Define clear responsibilities and accountabilities

Leadership **Openness and honesty**

Effective two-way communication

Encourage and be open to new ideas

ELT operating as a cohesive team, evidencing improved collaboration, with

ELT Appraisals & feedback

32 Leadership ELT are promoting and role modelling positive behaviours Amanda Croft 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added standardised governance practice in place which is disseminated to all Business Units.

Standardised agendas, minutes, TOR, action logs

33 Leadership a) ELT Development Programme Phase 1 Specific to Escalation Amanda Croft 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

34 Leadership b) ELT Development Programme Phase 2 Amanda Croft 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

iMatter survey and survey results

Clearly defined structure and roles to evidence hierarchy and accountability.

Annual Appraisal and PDP's

35 Leadership Ensure Professional and Managerial Structures are fit for Purpose Amanda Croft 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added Clear Leadership and better understanding of responsibilities and accountabilities

Business Unit Structures

aligned to NHS FV Purpose / Vision and Values

Quarterly workforce planning reports.

36 Leadership a) Review the NMAHP Professional Leadership Structures Frances Dodd 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

37 Leadership b) Review the Medical Professional Leadership Structures Andrew Murray 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

38 Leadership c) Review the Managerial Leadership Structures Amanda Croft 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

39 Leadership d) Review and appoint to all Senior Manager vacancies, interim or permanent Kevin Reith 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

40 Leadership e) Review of Programme Boards Kerry Mackenzie 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

41 Leadership f) Acute sector management structure to be reviewed to support capacity management Jim Cannon 10/30/23 11/30/23 **IN DATE** 16/10/23 - Action added

Objectives are monitored and reviewed to ensure they align with the aims of the

42 organisation. Annual review of corporate objectives and corporate plan. Leadership Ensure corporate objectives are aligned with the aims of the organisation Amanda Croft 10/11/23 11/30/23 **IN DATE** 11/10/23 - Action Added Prioritising time guides decision making Board and Committee papers

43 Leadership a) Ensure an appraisal process is in place for the review year Amanda Croft 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

The Quality Strategy has been evaluated and reviewed

Documented evaluation of quality strategy with action plan

44 Leadership The Quality Strategy is embedded across the organisation and an evaluation process is in place Andrew Murray 10/11/23 1/31/24 **IN DATE** 11/10/23 - Action Added All organisational priorities and captured and fit for purpose

Clinical Governance Committee papers

Better outcomes for stakeholders and continuous improvement is evidenced

a) Evaluation - complete gap analysis, review and ensure that all organisational priorities are captured

45 Leadership Andrew Murray 10/16/23 1/31/24 **IN DATE** 16/10/23 - Action added

and fit for purpose

Setting the direction

Holding to account

Managing risk

Engaging stakeholders

Governance **Influencing culture Assurance Framework**

Integrated governance system and operating system and separate line for

evaluation

Clear alignment to Blueprint for Good Governance outcomes, aims and outputs

Complete the work on the Board Assurance Framework and ensure it is aligned to the Blueprint for Good Assurance that strategies and best practice guidance meet improvement requirements Board Assurance Framework

46 Governance Kerry Mackenzie 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added

Governance Clear framework to ensure the right plans are in place to deliver outcome priorities Readily available guidance disseminated and available on the Intranet

All information cascaded to colleagues across the organisation

a) Construct an assurance framework bringing together existing components of strategic planning, risk

47 Governance Kerry Mackenzie 10/16/23 1/31/24 **IN DATE** 16/10/23 - Action added

management and assurance systems

b) Collate a suite of operating guidance and documentation to support delivery of the assurance

48 Governance Kerry Mackenzie 10/16/23 2/29/24 **IN DATE** 16/10/23 - Action added

framework

49 Governance c) Ensure arrangements are widely communicated across the organisation Elsbeth Campbell 10/16/23 2/29/24 **IN DATE** 16/10/23 - Action added

50 Governance d) Produce a plan to support the delivery of an integrated governance system Kerry Mackenzie 10/16/23 2/29/24 **IN DATE** 16/10/23 - Action added

e) Further develop a 5 year Healthcare Strategy ensuring appropriate engagement for consideration

51 Governance Andrew Murray 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

by the NHS Board

f) Develop a process to ensure that supporting strategies adhere to best practice detailed within the

52 Governance Andrew Murray 10/16/23 2/29/24 **IN DATE** 16/10/23 - Action added

Blueprint for Good Governance

53 Governance g) Develop and implement a clear prioritisation and investment decision making process Scott Urquhart 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

Record of induction and development plan

Board members are informed and appropriately developed to deliver an effective Self evaluation process

54 Governance Ensure appropriate induction and ongoing development for Board members is in place Kerry Mackenzie 10/11/23 1/31/24 **IN DATE** 11/10/23 - Action Added

contribution to the governance of the organisation Non Executive annual appraisal

Objective setting and annual appraisals

55 Governance a) Review and update existing Board member induction pack Kerry Mackenzie 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

56 Governance b) Ensure consistent application of the induction arrangements for all new Board members Kerry Mackenzie 10/16/23 12/31/23 **IN DATE** 16/10/23 - Action added

c) Prepare a calendar of formal and informal development for new and existing Board members

57 Governance Kerry Mackenzie 10/16/23 1/31/24 **IN DATE** 16/10/23 - Action added

focussing on individual and collective development needs

Performance reviews, Pentana reports, papers to Performance and Resource

58 Governance Ensure regular monitoring of performance, scrutiny of results and outcomes Kerry Mackenzie 9/10/23 3/31/24 **IN DATE** 11/10/23 - Action Added Colleagues / Business Units are held to account for delivery of effective performance Committees, papers to Clinical Governance Committee, and minutes and records of

decision making and action logs

a) Develop a programme of performance reviews, building on existing work undertaken and align to

59 Governance Kerry Mackenzie 10/16/23 11/30/23 **IN DATE** 16/10/23 - Action added

key priorities

b) Continue to work with Non Executive colleagues to review reports received by assurance

60 Governance Kerry Mackenzie 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

committees to ensure that reporting is adequate to support effective decision making and scrutiny

c) Finalise the performance management framework for consideration by the Performance &

61 Governance Kerry Mackenzie 10/16/23 12/19/23 **IN DATE** 16/10/23 - Action added

Resources Committee

62 Governance Address any outstanding recommendations from the external review of governance Scott Urquhart 10/11/23 3/31/24 **IN DATE** 11/10/23 - Action Added

63 Governance Reflect any further recommendations arising from the Board self assessment Amanda Croft 10/11/23 12/31/23 **IN DATE** 11/10/23 - Action Added

All actions will be undertaken in conjunction with partners

Transfer of pan Forth Valley operational management of services

A shared strategic narrative of ambition for health and social care integration

Whole System governance in place to support decision across partnerships for

Integration decisions

Integration Schemes reviewed and implementation plan in place

Ensure transfer of pan Forth Valley operational management of services, colleagues, and budget Annemargaret Black / Health Board can provide assurance that teams responsible for services have clear Organisational chart

64 Integration 10/11/23 5/31/24 **IN DATE** 11/10/23 - Action Added

responsibilities for delegated function Patricia Cassidy roles / remit / decision making authority and accountability Assurance Report

16/10/23 - Budgets have been transferred.

Annemargaret Black / Support sought to facilitate sessions. AB and PC can agree agenda but would need support to pull

65 Integration a) Undertake facilitated session to review budgets, risks to self assessment completeness of transfer 10/16/23 5/31/24 **IN DATE**

Patricia Cassidy session together and facilitate – Jillian Thomson likely to be involved in supporting 16/10/23 - Action

66 Integration b) Complete recruitment 10/16/23 5/31/24 **IN DATE** The job description for the Head of Strategic MH Planning and Wellbeing has been agreed. This now

67 Integration Discuss and agree management of Prison Healthcare transfer Amanda Croft 10/11/23 11/30/23 **IN DATE** timeline for the short term. Formal decision required by CE / Health Board Appropriate accountabilities and management structure in place Board papers / IJB papers, minutes

11/10/23 - Action Added

Integration Scheme Reviews completed and agreed including consultation requirements

Link to approved, revised and updated Integration Scheme Reviews x 2

Redefined meeting and reporting structures in place

IJB papers and minutes Health Board and Three Local Council papers to evidence

MSG will be completed and an Improvement Plan developed, delivered and monitored,

Review the Integration Schemes for both Falkirk Health & Social Care and Stirling & Clackmannanshire Health agreement and request that they are supported

reported through IJBs

& Social Care Partnerships 16/10/23 - Reporting format to be finalised Link to documented Whole System Reset Plan

68 Integration Amanda Croft 10/11/23 3/31/24 **IN DATE** Impact on delivery plan to improve outcomes for stakeholders e.g. reduction in delayed

19/09/23 - Agreement reached to commission external facilitators to undertake this piece of work
Link to analysis documentation on demands for Senior Managers & Managers
discharge, and an increase in end of
life care at home.

19/09/23 - Commission external facilitators to review schemes Completed and agreed streamlined framework

Evidence reduced demands on Senior Managers and team members who work across

multiple public bodies, streamlining and prioritising meetings

69 Integration a) Agree external support Amanda Croft 10/16/23 11/30/23 COMPLETE 19/09/23 - Agreement reached to progress.

70 Integration b) Undertake review Amanda Croft 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

c) Refresh self-assessment against all Ministerial Strategic Group (MSG) Principles to improve scores 16/10/23 - Work is ongoing against this locally. To explore if David Williams will support that work.

71 Integration Amanda Croft 10/11/23 3/31/24 **IN DATE**

and evidence improvement 11/10/23 - Action Added

d) Work together to produce a shared strategic narrative and vision that expresses a collective (Local

Thereafter a series of road shows and events is needed to share that vision across the organisations. HSCP are fully integrated within the Health Board and colleagues feel empowered Reviewed Integrated Schemes

72 Integration Authorities, Integration Joint Boards and NHS Board) ambition for health and social care integration and wider Amanda Croft 10/11/23 3/31/24 **IN DATE**

This will need OD support and facilitation support. It is likely to be Spring before this can be taken Strategic narrative

areas of opportunity

73 Integration e) Include Colleague Survey pre and post Improvement Plan implementation 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added

f) Consider impact of meeting demand on Service Leaders and agree a condensed Annemargaret Black /

74 Integration 10/11/23 1/31/24 **IN DATE** complete this across both HSCPs.

reporting structure Patricia Cassidy

11/10/23 - Action Added

There will be capacity to deliver the strategy

16/10/23 - Current decision matrix is far broader than IJB role . The workforce and public bodies are clear about where decision making should take

Build on existing business processes and decision-making matrix to deliver effective governance across and Use a live example to demonstrate

The Professional Assurance Framework needs to involve Medical Director, Executive Nurse Director place, and the processes required before presentation of proposals are embedded in

75 Integration between Integration Joint Boards, Health & Social Care Partnerships (HSCPs) Leadership Teams, Local Frances Dodd 10/11/23 2/29/24 **IN DATE**

and Chief Social Workers as well as Chief officers to. practice. Everyone will have clarity around operational and professional decision

Authority Leadership Teams and the NHS Board Executive Leadership Team. Governance structure and decision making matrix

Urgent and Unscheduled Care Programme

Performance **Out of Hours Programme CAMHS RTT Plan**

Psychological Therapies RTT Plan

Performance and Resources Committee report

Work to improve the emergency 4 hour access standard through delivery of the Urgent and Unscheduled Care Incremental improvements in performance are seen month on month

76 Performance Andrew Murray 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added UUSC Programme Delivery Tool

Programme

Pentana performance reports

Monthly highlight report

Monthly update to Scottish Government and Assurance Board Clinical

77 Performance Deliver the Out of Hours Programme / Action Plan / Recommendations Patricia Cassidy 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added Ensure NHS Forth Valley consistently delivers a comprehensive Out of Hours Services

Governance Committee report

Out of Hours Project Delivery Tool

Performance and Resources Committee report

78 Performance Improve compliance with CAMHS 18 week RTT standard Gillian Morton 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added Consistent achievement of the 90% 18 week RTT standard CAMHS action plan

CAMHS Pentana performance report

Performance and Resources Committee report

79 Performance Improved compliance with Psychological Therapies 18 weeks RTT standard Annemargaret Black 10/16/23 3/31/24 **IN DATE** 16/10/23 - Action added Consistent achievement of the 90% 18 week RTT standard Psychological Therapies action plan Psychological

Therapies Pentana performance report

Healthcare **Safe Delivery of Care**

Improvement

Scotland

Meet requirements of the HIS recommendations Improving

Healthcare Improvement Safe Delivery of Care Programme Delivery Tool

80 Deliver the Safe Delivery of Care Programme Frances Dodd 10/16/23 1/31/24 **IN DATE** 16/10/23 - Action added safety around delivery of care for all stakeholders

Scotland Safe Delivery of Care Pentana performance report

AcMon Plan Key

Improvement Plan Category Headers (including impact)

Improvement Plan AcTons (including measurement and link to evidence)

Improvement Plan Sub-AcTons

Action Log

Programme Name NHS Forth Valley Assurance and Improvement Plan

SRO Amanda Croft

Last updated by DM

Last review date 11/7/23

Number: Related Milestone: Action Details: Action Owner: Action Added: Completion Date RAG Update on Action: Impact & Measures Link to Evidence - (Embedded Doc.)

Development and role out of Financial Recovery Plan

Cost Improvement **Assurance that budget managers have ownership and accountability for financial grip and control** **and Value** **Further development of financial governance arrangements**

Acute financial recovery plan

Cost variation and awareness programme Financial

1 Cost Improvement and Value Develop plans to support financial sustainability Scott Urquhart 10/16/23 3/26/24 **IN DATE** 16/10/23 - Action added Delivery of statutory financial requirements and improved value

sustainability action plan

Pentana Finance Report

Internal audit ICE report

2 Cost Improvement and Value Reinforce financial governance arrangements, controls and monitoring Scott Urquhart 10/16/23 1/27/24 **IN DATE** 16/10/23 - Action added Provide assurance that controls operating as planned

Acute financial recovery plan

AcMon Plan Key

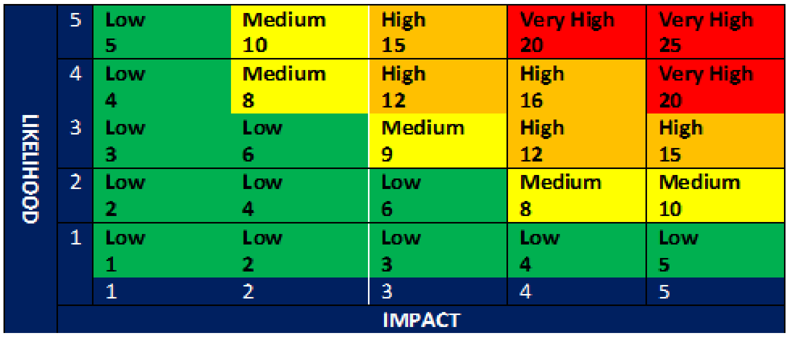
Improvement Plan Category Headers (including impact)

Improvement Plan AcTons (including measurement and link to evidence)

Improvement Plan Sub-AcTons

LIKELIHOOD

Likelihood - What is the likelihood of the risk occurring? (assess using the criteria below)



LIKELIHOOD	5	Low 5	Medium 10	High 15	Very High 20	Very High 25
	4	Low 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Low 6	Medium 9	High 12	High 15
	2	Low 2	Low 4	Low 6	Medium 8	Medium 10
	1	Low 1	Low 2	Low 3	Low 4	Low 5
		1	2	3	4	5
				IMPACT		

Category 1 = Rare 2=Unlikely 3=Possible 4=Likely 5=Almost Certain

It is assessed that the risk is very It is assessed that the risk is not It is assessed that the risk may It is assessed that the risk is likely It is assessed that the risk is very unlikely to ever happen. likely to happen. happen. to happen. likely to happen.

Applies to all * The score ranges shown here align with the ranges which the

Will only occur in exceptional
corporate risk team will propose to the Board as part of the Risk Unlikely to occur but potential Reasonable chance of occurring - Likely to occur - strong possibility. The event will occur in most circumstances.
AppeTte work, and differ slightly from the CPMO ranges. Work will exists. has happened before on circumstances.
occasions.be undertaken between the corporate risk team and CPMO once the

Risk AppeTte work is completed to ensure the methodologies are

aligned.

IMPACT

Impact – What could happen if the risk occurred?

Assess for the most appropriate category and use the highest score identified.

The impact scale is from a project level perspective.

It reflects the key areas that if impacted could prevent the project achieving its priorities and objectives.

The scale is a guide and cannot cover every type of impact therefore judgement is required.

Category 1=Negligible 2=Minor 3=Moderate 4 =Major 5 =Extreme Review Decision Patient / Staff Experience Project progress resulting in Project progress resulting in Project progress resulting in Project progress resulting in Project progress resulting in

This is the decision to accept the risk at its current level.

reduced quality patient experience unsatisfactory patient experience unsatisfactory patient experience unsatisfactory patient experience unsatisfactory patient experience

The ability to do anything may be limited, or the cost of

and/or clinical outcome; not and/or clinical outcome; directly and/or clinical outcome; short and/or clinical outcome; long term and/or clinical outcome; continued

taking action may be disproportionate to the benefit gained.

directly related to delivery of related to care provision – readily term effects – expect recovery effects - expect recovery over ongoing long-term effects. **Tolerate**

This response must be viewed in the context of the

clinical care. resolvable. less than 1 week more than 1 week.

organisation's risk appetite. It is not acceptable to tolerate a

risk above our stated appetite.

Clarity of understanding of Brief / Barely noticeable increase or Controlled minor increase or Uncontrolled increase or reduction Significant Project over-run. Inability to meet project Objectives / Scope Creep reduction in Scope, Brief, reduction in Scope, Brief, in Project Scope, Brief, Objectives Objectives.

Objectives or Plan. Objectives or Plan. or Plan. Significant effect on Quality.

This is the decision to retain the activity or process creating

Reputation of the organisation

the risk and to take action to implement risk controls that

A reduction in Quality. Failure to deliver key Objectives. seriously damaged. **Treat**

reduce either the likelihood of the risk occurring or

minimising the impact.

A misunderstanding affecting

Project delivery.

Governance / Communication / Short term project progress issue Reduced project progress due to Late delivery of key project Uncertain delivery of key project Inability to progress project and/or Project Plan due to communication and/or communication and/or objectives due to lack of decision objectives due to lack of decisions deliver key objectives due to lack This is the decision to transfer the impact of the risk either in

governance issues. governance issues. making and/or communication. and/or communication. of decisions and/or **Transfer** full, or in part, to a third party. The most common form of

Injury / Illness (physical & Adverse event leading to minor Minor injury or illness, first aid Agency reportable, e.g. Police Major injuries, long term Incident leading to death(s) or psychological) to Patient, Visitor injury, not requiring first aid. treatment required. (violent and aggressive acts). incapacity, disability (e.g. loss of major permanent incapacity. or Staff limb) requiring medical treatment

No staff absence. Up to 3 days staff absence Significant injury requiring medical and/or counselling.

treatment and/or
counselling. This is the
decision to stop doing
the activity associated
with

RIDDOR over 7- day absence due **Terminate** the risk. This may not always be possible and may create

RIDDOR over 7- day
absence due to major

injury and/or dangerous
risks elsewhere as a
result. to injury and/or
dangerous occurrences.

occurrences.

Complaints / Claims Project related verbal complaint – Justified written complaint Justified complaint caused by Multiple justified complaints Multiple claims or single major

resolved at project level. peripheral to clinical care caused project; below excess claim. caused by project; claim above claim caused by project.

by project. excess level.

Stakeholder Engagement / Interruption to project plan which Short term disruption to project Some disruption in project Sustained loss of project progress Affecting critical path action on Adverse Impact on Project does not impact on the delivery of delivery with minor impact on progress with unacceptable which has serious impact on project plan. Delivery (Internal / External) key actions or the ability to delivery of key actions. impact on project delivery. project delivery resulting in major

continue to progress the project. contingency plans being invoked. Disruption to project plan leading

Temporary loss of ability to to significant "knock on" effect. continue project delivery. Temporary project suspension.

Inability to progress project.

Resources stretched.

Pressure on other project

resources.

Staffing Competence Short term, low project resource Ongoing low project resource Late delivery of key project Uncertain delivery of key project Non-delivery of key project

level, temporarily reducing project level reducing project progress objectives due to lack of resource. objectives due to lack of objectives due to lack of progress (less than 1 day). and/or quality. resources. resources.

Moderate error due to lack of or

Minor error due to lack of or ineffective training or Major error due to lack of or Loss of key project staff. ineffective training or implementation of training. ineffective training or

implementation of training. implementation of training. Critical error due to lack of or

Ongoing problems with project ineffective training or resource levels. implementation of training.

Financial (breaching tolerances Negligible project financial impact, Minor project financial impact, Significant project financial Major project financial impact, Severe project financial impact, defined within the PID) breach exceeding tolerance by breach exceeding tolerance by impact, breach exceeding breach exceeding tolerance by breach exceeding tolerance by less than £5k. £5k - £25k. tolerance by £25k - £50k. £50k - £100k. more than £100k.

Inspection / Audit /Compliance / Small number of Recommendations made which Challenging recommendations Enforcement/prohibition action. Prosecution. Health and Safety / Infection recommendations which focus on can be addressed by project that can be addressed with

Control minor quality improvement issues. action. appropriate action plan. Low Rating. Zero rating.

Improvement Notice. Critical report. Severely critical report.

Adverse Publicity / Reputation Rumours, no media coverage. Local media coverage – short Local media - long-term adverse National media adverse publicity National/International media

term. publicity. less than 3 days. adverse publicity, more than 3

Little effect on staff morale. days.

Some public embarrassment. Significant effect on staff morale/ Public confidence in the

public perception of the organisation undermined. MSP/MP/SEHD concern

Minor effect on staff morale or organisation. (Questions in Parliament). public attitudes.

Local MSP/SEHD interest. Court Enforcement or Public

Enquiry or FAI.

Stage 4 Escalation

AIP 002 AIP 004

Engagement & Communication with Capacity & Continuity within Senior

Stakeholders - 15 Leadership - 15

HIS Action Plan Finance Savings Action Plan

HIS 008 FINSAV 01 FINSAV 02 FINSAV 03

Capacity and capability of staff within **Identification of Recurring Finance of Supplementary Cost of Goods - 20**

Acute hospital to implement improvement **Savings -20 Staffing- 20**

work - 20

FINSAV 11 FINSAV 04

Development of our Major Primary Care Improvement

Captial

Investments - 20Plan - 20

Culture Change & Compassionate Leadership Programme Urgent & Unscheduled Care Programme

CCL 012 **UUSC 93UUSC 94**

Staff Capacity to Deliver the Data Quality - 16 Trackcare Functionality - 16

Improvement Plan - 20

AIP Risk Register

Generated on: 17 November

2023

Ref ID Date Risk Title Risk Description Risk Category Description Untreated Likelihood Untreated Impact Untreated Score Current Controls In Place Current Likelihood Current Impact Current Score Current Risk Trend Further Controls Required Linked Actions Author Original Due Date Further Controls Target Date Progress Target Likelihood Target Impact Target Score Last Review Date Review Notes Risk Owner Risk Lead

AIP 002 27-Jan-23 Engagement & Communication with Stakeholders If our internal & external stakeholders are not Assurance Board chaired by a non-
executive 17-Nov-23 Risk has been reviewed with CPMO and has been 4 5 20 3 5 15 2 5 10 included in escalation activity, there is a risk
that director. developed to ensure the risk reflects the current

therefore do not engage in mitigations, resulting in Incorporated lessons learned from other Boards stakeholders do not have confidence in the plan and
position of the Improvement Plan. It was felt that this
failure to deliver improvement actions to timescales which have been previously escalated. risk
needed developed as the risk had morphed since this risk register was initially developed. The

and requirements.risk description has been updated, the current

Dedicated Board Escalation section on intranet whichcontrols have been updated to suit and lastly, the

provides background information and links to otherscoring has been updated to reflect these changes.

key information/resources.Currently this risk is a high risk and mitigation needs

to be identified to mitigate this risk.

AIP 004 27-Jan-23 Capacity with Senior Leadership If there is no dedicated Senior Leadership capacity Interim Acute Services Director in place,
allowing Focus on reduction of interim posts and, where 30-Apr-23 31-Mar-24 50% 17-Nov-23 This risk has been reviewed with CPMO and the risk 4
5 20 3 5 15 2 3 6 and continuity to implement the action plan, there is a return of other key staff to their substantive posts. feasible, establish
permanent leadership and has been updated to reflect the current position faced risk that we will not be able to deliver it time to time management posts.
by ELT regarding implementation of the AIP. The and scope, resulting in non-compliance with Stage 4
description has been updated, along with the controls
Escalation requirements and a potential for further Nurse Director has been recruited to
strengthening Recruitment to Deputy Chief Executive. 31-Mar-24 31-Mar-24 0% and current score. It is perceived that this risk is a escalation. the
professional Nursing support across NHS Forth very high risk and through this, further mitigating

Valley.actions have been identified which should reduce the

Issue Log

The purpose of the Issue Log is to capture and maintain information an **all** the issues that are being formally managed.

The issue log should be monitored by the Programme/Project Managers on a regular basis.

Entries should be made as soon as the issue is identified and updated as the issue is progressed, when the issue is resolved the entry should be closed.

Programme Name **Score Description Issue Rating**

SRO 5 Cannot go live without resolving this issue SHOWSTOPPER

Last updated by 4 Can continue but with serious impact on the continued effectiveness of the project SIGNIFICANT

Last review date 3 Can continue, ongoing impact on the delivery of the project NORMAL

Number: Date Raised: Raised By: Issue Description: Issue Type: Issue Score: Mitigating Action: Action Agreed by: Action Due Issue Owner: Issue Priority: Latest Review Review Notes: Escalate? Date Status:

(What has actually happened in the project you (Request for Change, (Refer to matrix (what needs to be done; ensure actions are (Who approved the **Date:** *(Responsible for (Helps 'Issue* **Date:** *(refer to action log for the most recent position and record overview of* **Y/N Resolved:** *(Open / hadn't expected/planned) Off Specification, above) carried over to the action log with owner and mitigation) (date delivering the mitigation) owner' discussions in respect of progress / next steps here ensuring additional actions Closed)*

Problem/Concern) timelines and/or recorded on the decision log if mitigation prioritise when are carried back over to the action log)

within tolerances or change control followed for should be there are a a change to approved plans) completed) number of

1 Yes

2 Yes

3 Yes

4 Yes

5 Yes

6 Yes

7 Yes

8 Yes

9 Yes

10 Yes

11 Yes

12 Yes

13 Yes

14 Yes

15 Yes

16 Yes

17 Yes

18 Yes

19 Yes

20 Yes

21 Yes

22 Yes

23 Yes

24 Yes

25 Yes

Only insert rows above this point Yes

Decision / Change Log

The decision / change log is used as a communication tool to appraise stakeholders on how a decision was reached, the options considered and who approved the decision and also a record of any changes to the project where there is a change to the baseline/standards/scope of the project.

It should capture all the decisions / changes taken throughout the life of the programme/project to avoid the rehashing of options by maintaining a clear record and thereby reducing the likelihood of duplication and avoiding inefficiencies.

These must be reported as part of the highlight report or may require to be escalated out with the agreed reporting period by an exception report.

A clear audit trail of the decisions and a record of the evidence, noting the file path to easily locate information or by embedding a document, is essential.

Programme Name

SRO

Last updated by

Last review date

Number: Decision / Change Decision / Change Proposed: Proposed by: Decision / Change Date: Approved by:

(Outline the decision / change made)

21

22

23

24

25

26

Only insert rows above this point

Stakeholder Engagement Previous Project High Approved Patient / Staff Experience 1 1 Transfer Open Yes Request for Change Project Start-up Member Resources (Finance, People, Systems, Equipment) This Project Medium Pending Clarity of understanding of Brief / Objectives / Scope Creep 2 2 Tolerate Pending No Off Specification Project Initiation Administrator Patient Care Low Declined Governance / Communication / Project Plan 3 3 Terminate Closed Problem / Concern Governance Guest (Co-opted) Education Abandoned Injury / Illness (physical & psychological) to Patient, Visitor or Staff 4 4 Treat Communications Chair Project Scope/Plan Complaints / Claims 5 5 Project Reporting Communication Stakeholder Engagement / Adverse Impact on Project Delivery (Internal / External) Project Plan QI/Audit Staffing Competence Handover Compliance/Health and Safety/Infection Control Financial (breaching tolerances defined within the PID) Project Closure Publicity/Reputation Inspection / Audit

Compliance/HealthandSafet

y/InfecTonControl

AdversePublicity/Reputa

Ton

NHS
Forth Valley

NHS Forth Valley

Corporate Governance Review

Final Report October 2023

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Foreword

In November 2022, NHS Forth Valley (NHSFV) was escalated to Stage Four of the NHS Scotland Performance Management Framework. This action was taken by the Scottish Government as a result of concerns relating to the governance, leadership and culture of the organisation.

As part of its response to the escalation to Stage Four, the NHSFV Board commissioned an external review of the corporate governance arrangements in the organisation. The review was undertaken by John Brown and Susan Walsh, the co-authors of the NHS Scotland Blueprint for Good Governance, first published by the Scottish Government in January 2019.

A progress report was published in May 2023 that described the approach adopted by the review team, and which provided the NHSFV Board and the Scottish Government's Assurance Board with details of the actions taken to date to complete this assignment.

This review is intended to help the NHSFV Board identify improvements to the current governance arrangements in order to assist the Board in resolving the range of performance-related issues being addressed by the overall NHSFV Improvement Plan.

It is important to note that as many of the problems highlighted in this report have been longstanding, action has already been taken by the NHSFV Board and Executive Leadership Team to address some of these issues. The latest version of the Improvement Plan includes further activities to address those issues that continue to exist in NHSFV and this report should be read in conjunction with the progress reports on the Improvement Plan.

The publication of this report brings the review to a close. The report is the property of the NHSFV Board and should not be copied beyond the NHS Forth Valley Board Members without the prior agreement of the NHSFV Board Chair.

We would like to thank all those who have contributed to the review process, including colleagues in NHS Forth Valley, Falkirk Council, Stirling Council, Clackmannanshire Council, the Scottish Government, and NHS Scotland.

John Brown

Professor John Brown CBE Susan Walsh OBE

Susan Walsh

20 October 2023

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Contents

1. Introduction **5**

Terms of Reference 5

Process 5

2. Blueprint for Good Governance **7**

Principles 7

Blueprint 8

3. Functions **9**

Setting the Direction 9

Holding to Account 11

Managing Risk... 14

Engaging Stakeholders 16

Influencing Culture 19

4. Enablers 21

Diversity, Skills and Experience 21

Roles, Responsibilities and Accountabilities 25

Values, Behaviours and Relationships 28

5. Delivery.. 33

Assurance Framework 33

Integrated Governance System 35

Operating Guidance 41

6. Conclusions 42

Active Governance 43

Collaborative Governance 47

7. Next Steps 49

Further Evaluation 49

Continuous Improvement 50

Wider Implications 51

Appendices

A. Terms of Reference 53

B. Stakeholder Interviews 56

C. Observations at Meetings 58

D. Desk-based Analysis 59

E. Recommendations 60

F. Corporate Statements 67

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

1. Introduction

1.1
The NHSFV governance review was commissioned to assess the effectiveness and efficiency of the corporate governance arrangements currently in place in the organisation. This includes an evaluation of how effective the NHSFV Board is in delivering an active and collaborative approach to corporate governance.

1.2 The standards and best practices that form the basis of the review team's assessment of the effectiveness of the governance arrangements in NHSFV are founded on the Principles of Good Governance and the guidance described in the second edition of the **NHS Scotland Blueprint for Good Governance** published in December 2022.

Terms of Reference

1.3
The Terms of Reference for the review were agreed by the NHSFV Board and are attached as **Appendix A** to this report.

Process

1.4

In conducting the review, the team considered a range of evidence from a variety of sources including but not limited to:

- Discussion and engagement individually and collectively with all current Non-Executive, Executive, and Stakeholder Board Members
- Discussion and engagement individually and collectively with the members of the Executive Leadership Team and with other stakeholders in NHSFV as necessary to understand the wider context
- Observation at Board meetings, Standing Committees, Executive Leadership Team Meetings, and Board development sessions
- Desk-based documentary analysis including but not restricted to, standing orders, code of conduct, standing financial instructions, scheme of delegation, integration schemes, agendas, minutes and papers, and the NHSFV Board’s annual cycle of business
- Evaluation of the NHSFV Board’s response to any previous self-assessment or external reviews of the effectiveness of governance arrangements in NHSFV, including any reports produced by internal or external auditors in respect of governance and control systems in the organisation
- Comparisons of corporate governance arrangements in other organisations as considered appropriate.

1.5 Details of the individuals interviewed by the review team are attached as **Appendix**

B.

1.6

The interviews were conducted under the Chatham House Rule. The reporting of the interviewees' comments and observations reflect the knowledge and understanding they had of the situation in NHSFV at the time of interview. To ensure those who were interviewed are able to recognise their own contribution, relevant areas of concern as shared with the review team are summarised and included in this report.

1.7 The review team also had discussions with the Chair of the Scottish Government's Assurance Board and the professional advisors who formed the support team appointed to NHSFV following the escalation to Stage Four of the NHS Scotland Performance Management Framework.

1.8 The details of the meetings observed by the review team are included in **Appendix C** and the documents analysed by the reviewers are listed in **Appendix D** of the report.

1.9 The review team has produced this report to record and communicate their work in NHSFV. At the start of each section of their report the review team has provided a summary of the standards and best practices they would expect to see for the area of governance being assessed.

1.10 This description of the baseline being used to gauge the effectiveness of the NHSFV governance arrangements is followed by a summary of the **evidence** provided by NHSFV to the review team. The report then describes the review team's **evaluation** of the NHSFV governance arrangements.

1.11 The review team has also made **recommendations** for improvements to the governance arrangements in NHSFV and these are contained within the relevant sections of the report. The recommendations are drawn from multiple sources, reflecting the holistic nature of the Blueprint for Good Governance, where each component should be viewed as interdependent. A full list of these

recommendations can be found at **Appendix E**.

1.12 The review team's **conclusions** on the overall effectiveness of the NHSFV

governance arrangements are summarised at the end of the report where the reviewers have considered the NHSFV Board's approach to active and collaborative governance.

1.13 The report also suggests the **next steps** that the NHSFV Board should take to

implement the Blueprint for Good Governance. This involves further evaluation of their approach to governance across the healthcare system, and the report includes recommendations on how the NHSFV Board might implement an ongoing development programme that will ensure a continuous improvement approach to corporate governance across NHSFV.

1.14 The review team also considered the wider implications for NHS Scotland that have

emerged during the review of governance in NHSFV. As a result, the final section of the report identifies a number of areas that the review team suggest the Scottish Government might consider as part of the ongoing work to provide the Scottish Parliament with assurance that the governance of NHS Scotland is to a good standard.

1.15 To provide some context and awareness of the challenges faced in the governance of healthcare and to explain the standards and best practices that underpin the review team’s assessment of the governance arrangements in NHSFV, the following paragraphs give a high-level overview of the approach adopted by the Scottish Government in order to ensure good governance is delivered and continuously improved across NHS Scotland.

2. Blueprint for Good Governance

2.1 Governance in NHS Scotland is defined as the means by which NHS Boards direct and control the healthcare system to deliver the Scottish Government policies and strategies and ensure the long-term success of the organisation. It is the ability to ask questions and make decisions to improve population health and address health inequalities while delivering safe, effective and high-quality healthcare services. It is to be distinguished from executive-led operational management.

2.2 The Principles of Good Governance reflect the latest thinking and best practice in governance in the public sector, underpin the design of the Blueprint for Good Governance, and provide a framework for the assessment of an organisation’s governance arrangements.

Principles

2.3 The Principles of Good Governance can be viewed as an executive summary of that which is required to deliver good governance. They are:

- Good governance requires the NHS Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture.
- Good governance requires a Board that consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships.
- Good governance requires that roles, responsibilities and accountabilities at Board and executive level are clearly defined and widely communicated.
- Good governance requires an assurance framework that aligns strategic planning and change implementation with the organisation’s purpose, aims, values, corporate objectives and operational priorities.
- Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight.
- Good governance requires operating guidance that is agreed, documented, widely- communicated and reviewed by the NHS Board on a regular basis.
- Good governance requires regular evaluation of governance arrangements to

ensure it is proportionate, flexible and subject to continuous improvement.

- Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery of corporate objectives, the NHS Board’s relationships with stakeholders and the management of the organisation’s reputation.
- Good governance requires a collaborative approach that ensures the organisation’s systems are integrated or aligned with the governance arrangements of key external stakeholders.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Good governance requires governance arrangements that are incorporated in the organisation’s approach to the management of day-to-day operations and the implementation of change.

Blueprint

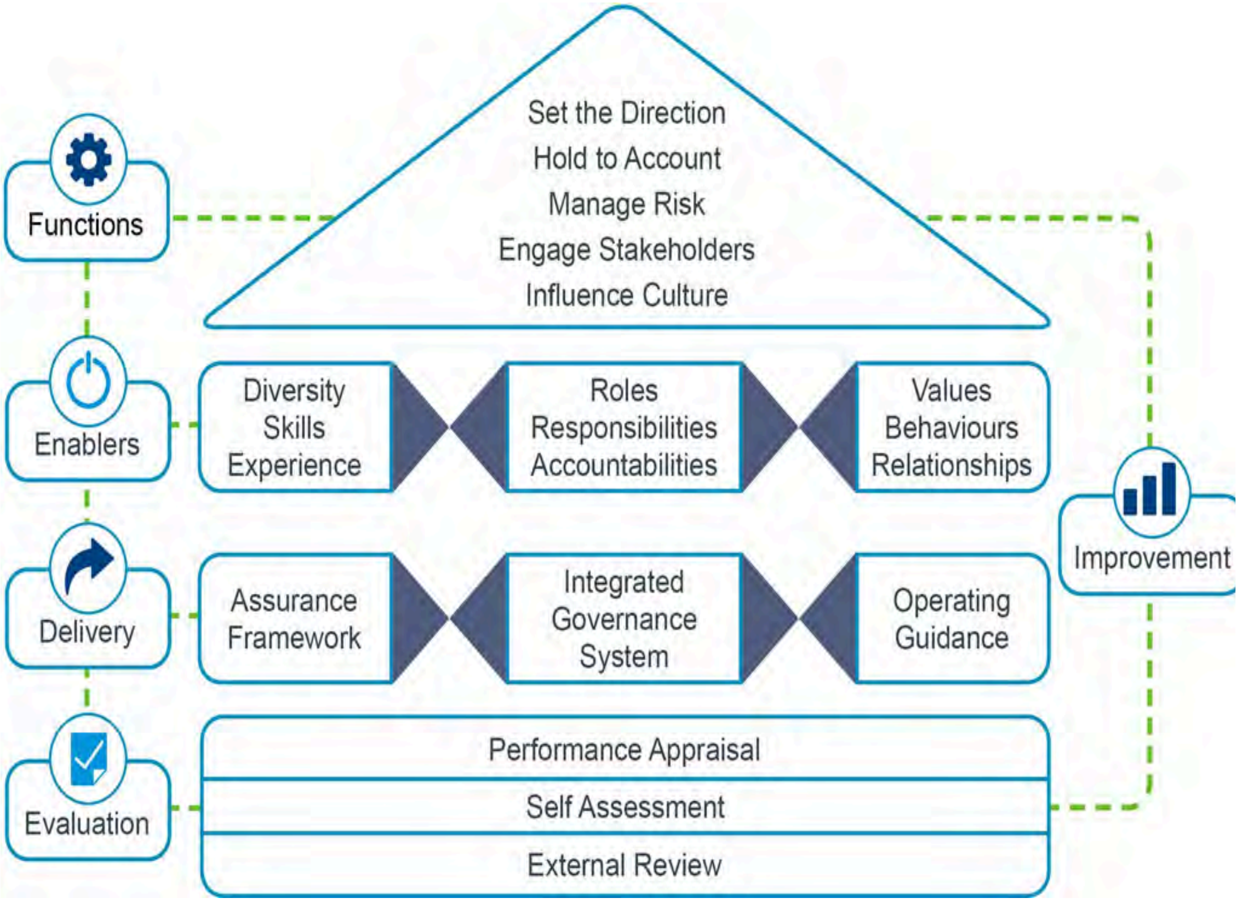
2.4 The primary purpose of the Blueprint for Good Governance model is to provide guidance on how to deliver and sustain good governance in healthcare.

2.5 This model builds on the Principles of Good Governance that describe what good governance looks like and provides more detailed guidance to NHS Boards on the functions and the enablers of good governance. It provides definitions of the assurance framework, the integrated governance system and the operating guidance that also need to be in place to deliver good governance.

2.6 Adopting the Blueprint model also commits NHS Boards to improving the effectiveness of governance in healthcare by requiring that Boards’ governance arrangements are subject to regular evaluation and ongoing improvement activity.

2.7 The latest version of the governance Blueprint describes a four-tiered model where each component should be viewed as interdependent and subject to continuous improvement.

Figure One - The Blueprint for Good Governance


Set the Direction
Hold to Account
Manage Risk
Engage Stakeholders
Influence Culture
Functions
Enablers
Diversity Skills Experience
Roles Responsibilities Accountabilities
Values Behaviours Relationships
Delivery
Assurance Framework
Integrated Governance System
Operating Guidance
Improvement
Evaluation
Performance Appraisal
Self Assessment
External Review

2.8 The next section of this report considers how effective the NHSFV Board is in

delivering the Blueprint for Good Governance, by assessing the functions essential to ensure good governance is in place.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

3. Functions

3.1 The Blueprint for Good Governance begins with a definition of the five primary functions of governance. These are described as:

- Setting the direction, including clarifying priorities and defining change and transformational expectations
- Holding the Executive Leadership Team to account by seeking assurance that the organisation is being effectively managed and change is being successfully delivered
- Managing risks to the quality, delivery and sustainability of services
- Engaging with key stakeholders, as and when appropriate
- Influencing the Board’s and the wider organisational culture.

3.2 These functions are essential to providing good governance and the following paragraphs describe the review team’s assessment of what it found in NHSFV. The recommendations for improvement that come from this assessment are contained within the sections of the report that consider the enablers and the delivery of the governance functions.

Setting the Direction

3.3 The Board Members are responsible and accountable for setting the overall strategy and direction of the organisation. They are also responsible for encouraging and facilitating innovation, driving change and transforming service delivery to better meet the expectations and needs of their key stakeholders.

3.4 To set the direction the NHS Board should provide advice, support and guidance to the Executive Leadership Team by:

- Determining the organisation’s purpose, values, aims, and corporate objectives
- Approving the corporate strategic and commissioning plans required to deliver the policies and priorities of the Scottish Government
- Setting the operational priorities for the organisation and agreeing the targets for service delivery with the Scottish Government and the Executive Leadership Team
- Allocating the budgets and approving the capital investments required to deliver strategic and operational plans.

Evidence

3.5 To discharge its responsibility for setting the direction the NHSFV Board has described the organisation’s purpose as: ***“To improve outcomes in population health and healthcare whilst demonstrating best value.”***

3.6 The NHSFV Board has decided not to adopt the **NHS Scotland Values** but has

aligned with them and promoted the organisation’s values as: ***“To be person-***

> ***centred, ambitious, respectful, supportive, a committed team member and act with integrity."***

3.7 The organisation's aims have been set by the NHSFV Board as delivering:

- ***Better Health***
- ***Better Care***
- ***Better Value***
- ***Better Workplace***
- ***Better Governance.***

3.8 The NHSFV Board has also determined two overarching corporate objectives that need to be achieved to deliver these aims. These are:

- ***Planning for the future***
- ***Demonstrating behaviours that nurture and support transformational change.***

3.9 A further 24 shared corporate objectives, some of them described as measurable results, have been published to support the corporate aims and these are included in the NHSFV Corporate Statements document that is attached as **Appendix F** to this report.

3.10 In order to facilitate and enable the delivery of the organisation's purpose, aims and objectives, the NHSFV Board has added its expectations in relation to leadership style and culture to the list of Corporate Statements. This has been described as:

"An Enabling, Inclusive, Collaborative and supportive systems leadership and culture."

3.11 To deliver the NHSFV Board's purpose, values, aims and corporate objectives a range of strategic plans have been approved by the NHSFV Board. The development, review and refresh of the NHSFV strategic plans is the responsibility of the Executive Leadership Team. The delivery of the required outputs and outcomes is overseen by the NHSFV Board and its Standing Committees.

3.12 The NHSFV Board also provides input to the content of the strategic and commissioning plans determined by the Integration Joint Boards. These describe their ambitions for the delivery of the health and social care functions that are delegated to the Integration Joint Boards under the Schemes of Delegation agreed between the NHSFV Board, Falkirk Council, Stirling Council, and Clackmannanshire Council.

3.13 The NHSFV Board approves the Annual Delivery plan that sets the financial and service delivery operational priorities and targets for the current year. This plan is developed in consultation with the Scottish Government and progress is reported by the Executive Leadership Team to the NHS Board and its Standing Committees.

3.14 While the overall approach adopted to setting direction by the organisation is

comparable to that adopted by the other territorial NHS Boards across NHS Scotland, the review team's engagement with the NHSFV Board Members has raised questions around the extent of their involvement in the delivery of the strategic planning process.

3.15 In particular, the review team was concerned that some Board Members reported feeling disengaged and dissatisfied with the planning process. Discussions around the possible underlying causes of this revealed that Board Members had concerns around a range of issues connected to the strategic planning process. These can be summarised as follows:

- Insufficient evidence of environmental analysis
- Limited consultation with key stakeholder groups, in particular clinicians
- Absence of clear, quantifiable and measurable delivery plans
- Inadequate option appraisals, including absence of data on current performance
- Failure to provide detailed cost/benefit analysis of proposals
- Lack of comprehensive impact analysis on the quality of care

3.16 Concerns were also expressed that elements of some strategic plans appeared to have been developed in isolation. Board Members suggested that when this was coupled with the need for multiple strategies and plans, there was a risk of confusion for some staff as to which activity, project or strategy takes priority and of managers having difficulty in deciding how best to focus and prioritise their resources. It was suggested that some of these difficulties could be overcome if an overarching document was available to management and staff that brings together the disparate elements of the strategic planning process, highlighting the links between the corporate objectives and performance indicators.

Evaluation

3.17 While there is a strategic planning process in place, this would benefit from earlier and more in-depth scrutiny by the NHSFV Board before strategic plans are approved. Board Members should take greater responsibility and adopt a more active approach to setting the direction for the organisation.

3.18 For the NHSFV Board to effectively discharge its responsibility for setting the direction for the organisation, the concerns expressed by the Board Members and the review team will have to be addressed.

3.19 As these concerns can best be resolved by improvements to the strategic planning and commissioning system and by the adoption of a more active and collaborative approach to governance, the review team has made recommendations for improvement later in this report where the effectiveness of the existing planning and commissioning system and the active and collaborative governance approach are assessed.

Holding to Account

3.20 In order to hold the Executive Leadership Team to account an NHS Board requires a clear and accurate picture of past, current, and forecast delivery of services. This understanding of performance over time is necessary to assist Board Members in identifying systemic change which requires further investigation and be assured that appropriate action plans are in place to address any ongoing performance issues.

3.21 To be assured about the organisation’s performance, Board Members must regularly monitor performance, scrutinise results and challenge outcomes. They are required to scrutinise evidence that describes the extent to which:

- The organisation’s purpose, values, aims, corporate objectives, operational priorities and targets are being delivered to an acceptable level
- Public money is being safeguarded and appropriately accounted and resources are being used to secure ‘best value’ as set out in the Scottish Public Finance Manual
- The requirements of relevant regulations or regulators are being complied with to the necessary standard
- Fair and equitable systems of pay and performance management (as determined by the Scottish Government) are being applied to the reward and recognition of the workforce, including the Executive Leadership Team

- Innovation and transformational change are being delivered and benefits realised
- Continuous improvement and quality management approaches are embedded in all aspects of service delivery and system failures are identified and remediated
- Best practices are shared across the organisation with a learning culture being promoted and nurtured.

3.22 Board Members should aim to be assured rather than reassured about the organisation’s performance. This requires Board Members to consider reliable sources of information before being satisfied with the pace and progress in the delivery of outcomes, rather than being advised by others that performance or actions are acceptable.

3.23 Therefore, Board Members must have easy and early access to evidence from a wide range of sources. This requires an effective flow of data, information and feedback at a frequency and in a format that enables Board Members to develop early awareness and understanding of the current situation and the risks and opportunities in the operating environment.

Evidence

3.24 While NHSFV does collect and warehouse a significant amount of data, much of it on the Pentana system, the conversion of the financial and performance data into useful information packages for assurance purposes is viewed by many of the Board Members as currently failing to meet their needs for assurance purposes.

3.25 The shortcomings in the relevance, validity, accuracy, reliability and timely reporting of information for assurance purposes were described by the Board Members as follows:

- Lack of focus on the early identification of areas of concern and risks to the delivery of the organisation’s aims and corporate objective in the future.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

- Absence of trend data, forecasts and benchmarking with over emphasis on past performance
- Lack of integrated reporting on the quality of care and financial sustainability
- Difficulties in identifying key information from the amount of data included in reports due to failure to highlight key issues
- Excessive number, length and inconsistency of format of Board papers
- Frequent late presentation of papers to the NHSFV Board and Standing Committees
- Failure of the NHSFV Board to specify content and format of reports required
- Over-reliance on the data held on the Pentana system to provide assurance
- Concern that case studies as presented, do not always adequately reflect the reality of the patient’s lived-experience
- Limitations on Scottish Patient Safety programme contributing to validation of

other information due to visits being cancelled or key staff being unavailable

- Inadequate reporting of the implementation of recommendations in specific Health Improvement Scotland and Internal Audit reports.

- Failure to hold individuals to account for completing actions required by the NHSFV Board and Standing Committees

- Deficiencies in holding senior management to account using the current performance appraisal system.

3.26 As a result of the shortcomings in the content and presentation of assurance information and the concerns around performance management at a senior level, Board Members felt they were more often reassured by the Executive Leadership Team's reporting, rather than assured by their own scrutiny and challenge of all the available evidence.

Evaluation

3.27 The review team's scrutiny of Board and Standing Committee papers and minutes confirmed the views of the interviewees about the lack of an effective assurance information system. The current approach to providing assurance information should be revised to take into account the guidance contained within the Blueprint for Good Governance.

3.28 In addition, the review team's observations at NHSFV Board and Standing

Committee meetings identified the need for Board Members to consider how they respond to the evidence they receive. They should adopt a more active approach that ensures the appropriate level of scrutiny by rigorously challenging the information presented to the NHS Board and its Standing Committees.

3.29 The NHSFV Board also needs to consider the extent to which the organisation is

complying with the Scottish Government's guidance on the completion of performance assessments for executives and senior managers by the NHSFV Chair and Chief Executive. The NHSFV Remuneration Committee need to provide the NHSFV Board with greater assurance on the quality of the performance appraisals for executives and senior managers in NHSFV.

3.30 Therefore, if it is to properly discharge its responsibility to hold the Executive

Leadership Team to account, the NHSFV Board must not only improve both the effectiveness of the existing assurance information system but also reflect on how Board Members use the information presented to the NHSFV Board and its Standing Committees.

3.31 To assist the NHSFV Board in improving its capability to hold the Executive Leadership to account, the review team has made recommendations regarding the quality, flow and use of assurance information to the NHS FV Board later in this report, where the effectiveness of the existing assurance information system and the active governance approach are assessed.

Managing Risk

3.32 Board Members must have regard to the wider strategic and policy context in which they operate when considering the risks which could have a significant impact on the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets. This also applies to managing the risks to the NHS Board's relationships with key stakeholders and risks to their reputation as a public body.

3.33 Exercising vigilance and managing risk is a key component of the active approach to governance and requires Board Members to be constantly looking forward, as well as looking backwards to hold the Executive Leadership Team to account for service delivery.

3.34 Effective risk management requires that the NHS Board should:

 Agree the organisation’s risk appetite Approve risk management strategies and ensure they are communicated to the organisation’s workforce

 Consider current and emerging risks for all categories of healthcare governance Oversee an effective risk management system that assesses the level of risk, identifies the mitigation required and provides assurance that risk is being effectively treated, tolerated or eliminated.

3.35 Focusing on risk will not only assist Board Members to make timely, well-informed strategic decisions that affect the long-term future of the organisation, it will also ensure Boards can rapidly identify, escalate and manage issues which otherwise might not be identified or understood.

Evidence

3.36 The NHSFV Board has put in place an overall approach to risk management at corporate level that is mostly aligned with the guidance in the Blueprint for Good Governance. The NHSFV Board sets the organisation’s risk management appetite, approves the relevant policies, and oversees the outputs from the risk management system at both Board and Standing Committee level.

3.37 The arrangements for identifying, assessing and responding to strategic and operational risks are effectively managed by an experienced Corporate Risk Manager.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

3.38 The Internal Auditors effectively support the risk management process in NHSFV and the internal audit programme is primarily focussed on addressing strategic and operational risk.

3.39 Following an NHSFV Board workshop to review the organisation’s risk appetite workshop, Board Members reported a better understanding of risk management and the NHSFV Board and Standing Committees’ roles in ensuring the active management of risks.

3.40 Board Members were generally content that there was a good understanding of the current risk management system at NHSFV Board and Executive Leadership Team level, and confirmed that risk registers were an integral part of the overall approach to governance across the organisation.

3.41 However, while they believed that the design of the risk management system is consistent with the best practice described in the Blueprint for Good Governance, some interviewees had reservations about the delivery of the system and therefore, its overall effectiveness. They highlighted the following issues:

 Inadequate identification of emerging and new risks Limited use of risk registers as a driver for performance improvement activity

Failure to always include appropriate risk assessment information with draft strategic plans and proposals for change projects.

3.42 In addition, some Board Members commented that there was evidence of a “tick box approach” being adopted to the operation of the risk management system.

Evaluation

3.43 The review team’s observations and examination of the relevant documents supports the position that there is an appropriate risk management system in place, managed by a capable Senior Risk Officer, and effectively supported by the Internal Auditors. However, their interviews with stakeholders and observations at NHSFV Board and Standing Committee meetings suggest that consideration should be given to how those resources can be utilised in a more effective manner.

3.44 Board Members should consider their response to the presentation of the Corporate Risk Register, take greater responsibility and adopt a more active approach to identifying new and emerging risks from their own understanding of the operating environment and the assurance information presented to the NHSFV Board and its Standing Committees.

3.45 The Executive Leadership Team should consider how to encourage a more proactive approach to managing risk that is integrated with the day-to-day operational management of healthcare services. Risk registers should be used as a dynamic operational management tool.

3.46 The issues identified around managing risks in NHSFV can be resolved by the

adoption of a more active and collaborative approach to governance by the NHSFV Board and Executive Leadership Team.

3.47 The review team's recommendations on how improvements can be made to the

approach to risk management system across NHSFV are described later in this report where the existing risk management system and the active governance and collaborative approach are assessed.

Engaging Stakeholders

3.48 To deliver good governance NHS Boards also need to respect and pursue the rights

and interests of all the stakeholders in the healthcare system and effective stakeholder engagement is required to establish and maintain public confidence in the organisation as a public body.

3.49 There is a wide range of diverse individuals and communities who can be considered

as stakeholders in the NHS. Many of these stakeholders have a keen interest and a major influence in the governance arrangements that exist in the healthcare system.

3.50 To ensure meaningful engagement with their stakeholders, NHS Boards should

ensure that:

- Key stakeholders are identified and that the approach to engagement adopted takes into account the interest and influence of stakeholders on the work of the NHS Board
- Appropriate stakeholders are involved in the development of the NHS Board's strategic and commissioning plans, policies and the setting of corporate objectives and operational priorities
- The organisation's purpose, aims, values, corporate objectives, operational priorities and targets are clear, well communicated and understood by all stakeholders, including patients, service users, the public, managers and the workforce
- The views of the relevant stakeholders are taken into account when designing services and patient pathways.

3.51 Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding and makes it easier to identify sustainable service improvements. Effective stakeholder engagement also assists Boards to create and exploit opportunities to contribute to the Scottish Government's policies on healthcare.

Evidence

3.52 The review team's scrutiny of the approach to strategic planning and the implementation of change provided some evidence of a commitment to effective stakeholder engagement on the part of the NHSFV Board and Executive Leadership Team.

3.53 The importance of including patient representatives on the Clinical and Care

Governance Committee, the opportunity to share first-hand patient stories at Board meetings, and the intention to improve the Board Members' engagement with patients during their Scottish Patient Safety visits were recognised and welcomed by the NHSFV Board.

3.54 The Area Partnership Forum and the Area Clinical Forum were both considered to be consulted and contribute appropriately to the business of the NHSFV Board. The Employee Director and the Chair of the Area Clinical Forum are both active and valued members of the NHSFV Board and make important contributions at Board and Standing Committee meetings.

3.55 The representation of the Trade Unions and Staff Associations at the Staff Governance Committee provides further opportunities for regular and structured engagement with representatives of the NHSFV workforce.

3.56 In support of the Scottish Government's policies on the integration of health and social care services, Board Members also represent healthcare interests as members of the Falkirk, and the Stirling and Clackmannanshire Integration Joint Boards. This provides frequent opportunities to engage with key stakeholders in the communities served by NHSFV, including Local Authority Councillors, Primary Care providers, Third Sector service providers and most importantly, patients and service users.

3.57 The NHSFV Board Chair regularly attends meetings with the Cabinet Secretary for

NHS Recovery, Health and Social Care and the Chief Executive has both informal and formal engagement with the Director General for Health and Social Care and the various Directors responsible for NHS Scotland within the Scottish Government.

3.58 While the necessary structures and people are in place to support the NHSFV Board's commitment to effective stakeholder engagement, some concerns around the delivery of this ambition were expressed by the interviewees. The issues raised included:

- Limited opportunities for Board Members to be involved in engagement with a wide range of stakeholder activity, including access to patients
- Limited engagement between Board Members and senior executives outside of NHSFV Board and Standing Committee meetings
- Inadequate stakeholder engagement at a senior level to support the establishment of the Integration Joint Boards and the introduction of the Health and Social Care Partnerships
- Insufficient level of engagement with the workforce (including those with protected characteristics) and their elected representatives in the strategic planning process, particularly the latest version of the NHSFV Workforce Plan.

3.59 The concerns expressed by some Board Members around the inadequacies in engagement with the workforce as key stakeholders in the organisation by the NHSFV Board and Executive Leadership Team were also identified by interviewees as contributing to the challenges experienced in influencing and supporting an appropriate organisational culture in NHSFV.

Evaluation

3.60 From their interviews with stakeholders, observations at meetings and review of papers, the review team recognised the NHSFV Board and Executive Leadership Team’s commitment to engaging and communicating with stakeholders. However, the review team also shared the concerns expressed by some interviewees around the effectiveness of those arrangements.

3.61 Given the concerns raised by the interviewees, the NHSFV Board should consider revisiting its stakeholder engagement strategy to ensure it meets the needs of both the Board Members and the internal and external stakeholders in NHSFV. This should include consideration of what more Board Members might do to engage directly with the communities they serve and with the senior executives responsible for the delivery of healthcare services to those communities.

3.62 The review team also identified significant examples of inadequate stakeholder engagement around the approach adopted at NHSFV Board level to the integration of health and social care services. The lack of effective engagement with the Local Authorities and the Integration Joint Boards and the consequential failure to agree how the functions delegated to the Integration Joint Boards would be delivered by the Health and Social Care Partnership is now accepted by all key stakeholders as the main reason why the integration of services has not been delivered in the manner expected by the Scottish Government.

3.63 To ensure the appropriate level of stakeholder engagement across the integration authorities is actively pursued in future, the work currently being supported by the Scottish Government to address concerns around the failure to deliver their expectations relating to the integration of health and social care services should also consider the role of the NHSFV Board, particularly those who are also IJB Members and Local Authority Councillors, in improving stakeholder engagement at the most senior level across the health and social care system.

3.64 The comments made concerning the lack of meaningful engagement between the NHSFV Board and the workforce need to be specifically addressed by the NHSFV Board when reviewing their approach to stakeholder engagement. These were of significant concern to the review team, as they suggest a situation exists where employees are unsure of what is expected of them, and have limited access to the NHSFV Board and Executive Leadership Team in order to raise problems and concerns with the senior leadership of the organisation.

3.65 Therefore, the review team welcomes the introduction of the change programme to deliver the ‘Compassionate Leadership’ approach as described below. This initiative has been established by the NHSFV Board and Executive Leadership Team to address the issues raised with the review team and other important issues from an organisational culture perspective.

3.66 Prior to escalation to Stage Four, the NHSFV Board engaged Professor Michael West to support the delivery of a leadership programme designed to ensure the organisation’s culture is aligned to the NHS Scotland Staff Governance Standard. This programme aims to deliver a

‘Compassionate’ approach to leadership based on delivering four behaviours described by Professor West as follows:

- Attending - being present with and focusing on others

- Understanding - taking time to properly explore and understand the situations people are struggling with
- Empathising - mirroring and feeling colleagues’ distress, frustration, joy, etc.
- Helping - taking thoughtful and intelligent action to support individuals and teams.

3.67 If successfully introduced, the review team would expect the NHSFV Compassionate Leadership programme to resolve the issues around the perceived lack of effective engagement and communication between the workforce and the senior leadership of the organisation.

3.68 In addition to considering the evidence presented and the review team’s assessment of stakeholder engagement in NHSFV, the members of the NHSFV Board and Executive Leadership Team should also reflect on their individual and collective contribution to the issues raised by the interviewees and the review team.

3.69 The senior leadership of NHSFV need to take greater personal responsibility and adopt a more active approach to engaging with key stakeholders to ensure a more collaborative approach to the delivery of health and social care services. The review team specifically address how that might be achieved by making recommendations for improvement in the sections of this report where the NHSFV approach to active and collaborative governance are assessed.

Influencing Culture

3.70 An organisation’s culture comprises its shared values, norms, beliefs, emotions and assumptions about *“how things are and should be done around here*”. These ‘*things*’ include how decisions are made, how people interact and how work is carried out.

3.71 NHS Boards have a critical role in shaping and influencing organisational culture in healthcare settings. To do this the NHS Board should determine and promote shared values that underpin policy and behaviours throughout the organisation. Board Members must demonstrate the organisation’s values and exemplify good governance through their individual behaviours.

3.72 To ensure the delivery of the organisation’s values the NHS Board should encourage and support an organisational culture that reflects the NHS Scotland Staff Governance Standard. This applies to all staff employed by NHS Boards and the Standard requires NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

3.73 The Staff Governance Standard also requires all NHS staff to:

- Keep themselves up to date with developments relevant to their job within the organisation
- Commit to continuous personal and professional development
- Adhere to the standards set by their regulatory bodies
- Actively participate in discussions on issues that affect them either directly or via their Trade Union/professional organisation
- Treat all staff and patients with dignity and respect while valuing diversity
- Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

3.74 The Staff Governance Standard should influence and feature in the design and application of all policies and procedures for the management of people by NHS Boards. The ethos of the Staff Governance Standard should also be reflected in the arrangements with private and independent contractors and partner agencies working with the NHS.

3.75 Boards must also ensure that the organisation successfully adopts all policies and other best practice in human resource management as required by the Scottish

Government. This includes initiatives such as the iMatter staff experience

continuous improvement tool and the National Whistleblowing Standards.

Evidence

3.76 As mentioned in the section of this report that considered stakeholder engagement,

the NHSFV Board and the Executive Leadership Team have previously identified a number of issues and concerns around the organisation's culture. These longstanding issues resulted in culture being given by the Scottish Government as one of the reasons for the escalation of NHSFV to Stage Four of the NHS Scotland Performance Management Framework.

3.77 The review team noted that the Compassionate Leadership programme that was

introduced to support NHSFV prior to escalation to Stage Four is expected to not only improve the NHSFV leadership's engagement with the workforce but also to ensure the organisational culture is better aligned to the NHS Scotland Staff Governance Standard.

3.78 In addition to taking part in the Compassionate Leadership programme, the

Executive Leadership Team Members have taken part in a number of workshops and programmes over recent years to help them build and maintain a fitting approach to leadership at that senior level of the organisation. This is usually seen as an appropriate response to any concerns around behaviours and relationships within the Executive Leadership Team.

3.79 The Compassionate Leadership programme and the ongoing team building activity at Executive Leadership Team level are being separately scrutinised and reviewed by the Assurance Board introduced by Scottish Government as part of the escalation process under the NHS Scotland Performance Framework.

3.80 The outcomes of both these initiatives would normally be considered to have a

significant and positive influence on the organisational culture of NHSFV. However, while there was a high degree of confidence in the success of the Compassionate Leadership programme, concerns were expressed by some stakeholders about the leadership, commitment, capability and capacity of some of the current team members to resolve the issues they had identified around behaviours and relationships within the NHSFV Executive Leadership Team.

Evaluation

3.81 The review team has not duplicated the work of the Assurance Board and has not

included any in-depth assessment of the organisation's culture in the corporate governance review.

3.82 However, the review team has a responsibility to comment on the leadership and

organisational culture where they have relevance to other elements of the Blueprint for Good Governance in NHS Scotland. This is explored further at the section of this report that considers the impact of the senior leadership's values, behaviours and relationships on the governance of the organisation.

3.83 The next section of the report considers the enablers to the successful delivery of

the governance functions and includes recommendations for improvements to the governance arrangements in NHSFV. Not only do these recommendations focus on the enablers to delivering good governance, they reflect the review team’s evaluation of the functions essential to providing good governance, as described in that section of this report.

4. Enablers

Diversity, Skills and Experience

4.1 The Blueprint for Good Governance highlights the importance of diversity and a range of skills and experience at Board level.

4.2 It is the responsibility of the Scottish Government, working with the NHS Board Chair, to ensure the necessary diversity, skills and experience are present across the NHS Board. This includes determining the NHS Board’s requirements during the recruitment of new Members and the on-going development of the skills of existing Board Members.

4.3 The recruitment and appointment process is managed by the Scottish Government Public Appointment Team who oversee the regulated public appointments process for Ministers.

4.4 The Public Appointments Team follow the Ethical Standards Commissioner’s Code of Practice for Ministerial Appointments to Public Bodies in Scotland. The Ethical Standards Commissioner and staff have a remit to encourage fairness, good conduct and transparency in public life in

Scotland. The Commissioner regulates and monitors the system used to appoint Board Members, and its staff play a key role in assuring that appointments are made on merit, using methods that are fair and open and reflect the diversity of Scottish society.

4.5

Diversity is a core value at the heart of the day-to-day business of NHS Scotland.

NHS Boards are required to hold their organisation to account for the inclusion and diversity strategies that must form part of their staff governance strategy. It is imperative that Boards demonstrate leadership and engagement to support anti-racist work across their organisation, ensuring improvements to equality, diversity and inclusion are continually monitored and challenged.

4.6 To ensure the NHS Board reflects the diversity of their community NHS Boards should support the appointment process by implementing an appropriate attraction strategy which enables the recruitment of a diverse group of Board Members with the skills and experience required to deliver good governance. This includes taking targeted action where appropriate, encouraging and supporting applications from people with protected characteristics that are underrepresented on the NHS Boards of Public Bodies.

4.7 NHS Boards require a minimum core set of skills and experience in order to discharge their responsibilities. However, while collectively NHS Boards require certain skills and experience, not every member of the NHS Board will require every skill or experience and diversity amongst Members will bring different contributions to the NHS Board.

4.8
The recruitment, training and development of Board Members needs to be focused and built around the skills and experience they require to make an effective contribution to the governance of the organisation.

4.9
Board Members also bring a wide range of specialist experience and knowledge to the NHS Board from the public, private, Third or voluntary sectors. This can include lived experience of the services provided by the NHS as either a service user or provider. Experience gained in other settings or organisations can equally be of value to the delivery of good governance.

4.10 In addition to any previous experience in a governance role, the list of experience that Board Members can use to support the work of the NHS Board is extensive and can include strategic planning, change management and operations management. Experience and training in financial management and risk management are also relevant to the governance of the NHS, as is human resource management and stakeholder management.

4.11 Board Members' experience also adds to the collective knowledge and understanding at Board level, and this is particularly welcomed around equality, diversity and inclusion, research and innovation, digital and information technology, media and communications, governance and legal issues.

4.12 Consideration should also be given to the extent to which clinicians are represented on the NHS Board. It is critical that Boards have appropriate skills and experience of clinical matters in order to be assured of the safety and quality of healthcare being

delivered in both primary and secondary care settings. Having non-executive Board Members from a clinical background can assist in achieving that goal.

4.13 Given the integration of health and social care services in Scotland and the need for collaborative governance, it is also important that some experience of social care is available at NHS Board level.

4.14 To support succession planning and the deployment of Board Members to Standing Committees and other roles, NHS Boards should maintain a record of the diversity, skills and experience present in the current Board. Any gaps in the diversity, skills, and experience of the NHS Board should be reflected in the NHS Board's succession planning, highlighted to the Cabinet Secretary when recruiting new Board Members and inform the promotion and advertising of vacancies.

Evidence

4.15 The review team can confirm that the recruitment of Board Members in NHSFV has been undertaken in line with the policies and best practice determined by the Public Appointments Team and the Ethical Standards Commissioner's Code of Practice.

4.16 The NHSFV Board Chair maintains a record of the diversity, skills and experience both required and present in the current Board and this has influenced decisions on past recruitment. However, despite the best efforts of the NHSFV Board Chair and the Public Appointments Team, there remains some issues around the membership of the NHSFV Board.

4.17 At the stakeholder interviews Board Members raised the following concerns with the review team:

- Failure of the make-up of the NHSFV Board to adequately reflect the diversity of the population it serves
- Lack of diversity in relation to the membership of the Executive Leadership Team.
- Insufficient clinical knowledge and experience among the current cohort of publicly appointed non-executive Board Members
- Lack of information on the range of skills and experience of the current Board Members
- Failure of Board Development sessions to fully meet the development needs of all Board Members
- Concerns around the adequacy of the induction for new Board Members.

4.18 Board Members who raised concerns regarding the effectiveness of the induction process felt that more is required to ensure that when individuals join the NHS Board and the Integration Joint Boards they receive customised induction that includes information both at a local and national level on the governance leadership and management expectations and challenges facing the organisation.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Evaluation

4.19 The review team share the Board Members' concerns that the absence of diversity at Board and Executive Leadership level could adversely affect the quality of decision-making due to limited perspectives and potentially lead to a lack of trust and confidence in the NHSFV Board by some stakeholders, particularly those from communities with protected characteristics.

4.20 The review team also recognise that it would be unusual for an NHS Board to encompass the full range of skills and expertise which may be required and NHSFV is no different. However, from discussions, observations and reviewing documentation, it appears there are some key areas of weakness bearing in mind the challenges facing NHSFV at this time. These include primary care, transformational change management, digital and information technology, and customer relationship management.

4.21 The review team noted that the NHSFV Board has members with a wide range of governance experience gleaned from other sectors. This was positively commented upon by a number of interviewees, especially in relation to the arrival of new Board Members who had taken on responsibility for chairing Standing Committees.

4.22 However, there appeared to be a lack of familiarity with and detailed understanding of the NHS Scotland approach to healthcare governance, as set out in the Blueprint for Good Governance. This lack of knowledge and therefore alignment of Board Members' views on how good governance should be delivered in NHSFV, has recently been addressed by the NHSFV Board. Two Development Seminars have been held where the NHSFV Board discussed the approach required in NHSFV to implement the NHS Scotland Blueprint for Good Governance. These sessions were well received by Board Members and should enhance the skills required at Board level to effectively govern the organisation.

4.23 In future, the induction of new Board Members needs to go beyond describing the organisation in terms of the services delivered, standards required and the resources available and must also include sessions on the Blueprint for Good Governance to ensure Board Members fully appreciate the requirements of their role in NHSFV.

Recommendations

4.24 To address the lack of diversity at Board level, the NHSFV Board Chair should consult with the Scottish Government's Public Appointments Team on what action can be taken to recruit the next tranche of Board Members from those communities currently under-represented on the NHSFV Board.

4.25 Similar action should be taken by the NHSFV Chief Executive and Director of Human Resources to determine and address the underlying reasons for a lack of representation of people with protected characteristics at senior management level in NHSFV.

4.26 The NHSFV induction programme should be reviewed by the NHSFV Board Chair

and Board Secretary. This review should include the locally delivered induction training and the take-up by Board Members of the range of training material provided by NHS Education for Scotland.

4.27 The NHSFV Board Secretary should include details of Board Members' skills,

experience, areas of specific expertise, and periods of tenure in the induction pack for new Members.

4.28 The NHSFV Board Chair should consider the extent to which the NHSFV Board

requires additional expertise in primary care, transformational change management, digital and information technology, and customer relationship management. The Chair should also consider how best to support informed decision-making in these areas whilst these skills are absent from the NHSFV Board.

4.29 The NHSFV Board should consider introducing a comprehensive programme of on-

going development opportunities for Board Members that is not limited to Development Seminars and is transparently under-pinned by the outcomes of the annual appraisal of Board Members and focussed on the advice, guidance and best practice described in the Blueprint for Good Governance.

4.30 The NHSFV Board Chair should also consider the extent to which NHSFV has exploited the potential of mentoring of Board Members by utilising the expertise and experience available through the NHS Education for Scotland mentoring programme. Encouraging take-up of this opportunity by Board Members would provide another tailored opportunity to develop the skills of individuals on the NHSFV Board.

4.31 To support its efforts to improve diversity, skills and experience at Board level, the

NHSFV Board should consider the value of having a Succession Planning Policy and establishing a Succession Planning Committee.

Roles, Responsibilities and Accountabilities

4.32 To support and deliver the functions described in the Blueprint for Good

Governance it is essential that there is a common understanding of the roles, responsibilities and accountabilities of the principal groups and individuals that participate in the governance of healthcare.

4.33 Therefore, the definitions of roles, responsibilities and accountabilities included in

the Blueprint for Good Governance are intended to help the Scottish Government, Board Members, Executive Directors and NHS Board Secretaries identify and deliver their respective functions within healthcare governance.

4.34 Together with the descriptions of the values and standard of behaviours expected of

Board Members, the definitions of roles, responsibilities and accountabilities facilitates the appraisal of the performance of members of the NHS Board and Executive Leadership Team.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Evidence

4.35 The review team found that the roles, responsibilities and accountabilities allocated to NHSFV Board and Executive Leadership Team members were broadly consistent with the requirements set out in the Blueprint for Good Governance.

4.36 However, while the interviewees appeared to have a shared understanding of the requirements of the role of the NHSFV Board and Executive Leadership Team, the following issues were raised during the stakeholder interviews:

- Lack of a consensus view on the governance responsibilities, service model, resource allocation and supporting organisational structure of the integration of health and social care
- Poor communication around who was responsible and accountable for specific operational areas when senior staff moved on, were absent for substantial periods or placed in interim roles
- Lack of understanding on the role of the Corporate Management Team which, until recently, had not been operational

- Confusion around the number and placement of individuals within the organisation who have responsibilities for supporting the Chief Executive and other members of the Executive Leadership Team.

4.37 Some interviewees also questioned what they considered excessive line management responsibilities placed on the Chief Executive’s role in NHSFV.

4.38 In addition to considering the individual and collective roles, responsibilities and accountabilities of the NHSFV Board, the review team sought the views of the interviewees on the adequacy of the time available to Board Members to discharge their responsibilities.

4.39 The majority of Board Members commented on the lack of capacity in the NHSFV Board to adequately meet the work demands, especially where Board Members also served on Integrated Joint Boards. This had become even more evident now the focus on achieving de-escalation was pre-eminent.

Evaluation

4.40 The review team acknowledged the separate work being undertaken by the NHSFV Executive Leadership Team and the Scottish Government to address the issues identified around the implementation of the integration of health and social care in the Forth Valley Area.

4.41 As that initiative includes the effectiveness of the governance arrangements for the

Integration Joint Boards and the operational management structures and resources deployed in the Health and Social Care Partnerships, the review team has not commented on this aspect of the NHSFV business, other than recognising where it has had an adverse impact on the delivery of those functions not delegated to the Integration Joint Boards under the Integration Schemes currently in place.

4.42 The review team has noted and welcomed the recent work to refresh the Integration

Schemes and therefore tackle many of the issues that have been shared by the stakeholders interviewed during the corporate governance review of NHSFV.

4.43 The review team noted the various concerns raised by interviewees around the

roles and responsibilities, spans of control, vacancy filling and reporting arrangements at senior management level within the Acute Services directorate. It should also be noted that these concerns have been recognised by the Executive Leadership Team and significant changes have been made to the management structure and reporting arrangements since the appointment of the Interim Director for Acute Services. This was part of the NHSFV response to the escalation to Stage Four of the Performance Management Framework. These changes need to be evaluated, kept under review and widely communicated to all the key stakeholders in NHSFV.

4.44 The Corporate Management Team has been reintroduced into the meeting

framework at senior management level and this group is now regarded as making a contribution to the delivery of healthcare services in NHSFV. This should continue and consideration should also be given to how the role of the Corporate Management Team can be further developed to ensure managers at this level continue to make a significant contribution to the management and leadership of NHSFV. The work of the Corporate Management Team should be widely communicated throughout the organisation. The same can be said about the roles of the other individuals and teams that support the members of the Executive Leadership Team.

4.45 The management responsibilities attached to the Chief Executive role are significant but in the review team's experience, similar to those of other territorial Health Boards in NHS Scotland. By their nature and particularly in recent times, all of these posts are heavily-loaded and demanding, requiring individuals to work long hours under pressure for continuous periods of time. This requires a high degree of commitment and resilience but should not be beyond the capability of someone at NHS Chief Executive level.

4.46 In response to the concerns around Board Members' capacity, the NHSFV Board Chair has recently exercised the delegated authority from the Scottish Government to increase the number of Board Member days available to adequately meet the demands of good governance. This has meant that a number of Board Members are now committed to working two days, rather than one day per week on NHSFV Business.

4.47 The review team shared the concerns expressed by the interviewees concerning the capacity of the Board Members to meet the challenges faced at this time by the NHSFV Board and Integration Joint Boards and welcomed the NHSFV Board Chair's decision to increase the resources available to support the governance of NHSFV.

4.48 The role of the Board Secretary in the organisation's response to issues and concerns around corporate governance in NHSFV was also considered by the review team. While they were impressed by the NHSFV Board Secretary's

commitment, enthusiasm and approach to delivering the current role and responsibilities allocated to that post, given the design of the role, the current Board Secretary was not expected to be involved in the more complex and longstanding corporate governance and leadership issues faced by the NHSFV Board and Executive Leadership Team. However, the review team consider that the organisation would have had the capability to respond more effectively to some of these, if the role of the Board Secretary had been of a higher grade and positioned within the management structure as the single point of contact and expertise on all corporate governance matters.

Recommendations

4.49 When considering the outcome of the joint review of the implementation of the integration of health and social care in the Forth Valley area, the NHSFV Board and the Scottish Government should ensure that any changes in the governance or operational management arrangements do not adversely impact on the governance of the end-to-end healthcare system.

4.50 In particular, the NHSFV Board should discuss and agree structures, processes and systems of accountability, including management and governance of partnerships, shared services, collaborations and joint working arrangements to ensure effective and efficient delivery of high-quality health and social care throughout the NHS Forth Valley area.

4.51 The NHSFV Chief Executive should review and clarify organisational, clinical and administrative structures and ensure these are disseminated to the workforce and to partner organisations where relevant.

4.52 The NHSFV Chief Executive should also review the approach to replacing staff to

ensure clarity on roles and responsibilities are reflected in active organograms and made widely available to the workforce.

4.53 The purpose and membership of the NHSFV Corporate Management Team should

be consulted upon and refreshed to ensure all of the workforce have a transparent route to the NHSFV Executive Leadership Team, are aware of the organisational structure and their own and others' roles, responsibilities and accountabilities.

4.54 The NHSFV Board Chair and Chief Executive should review the advisory and

administrative needs of the Chair, the NHSFV Board, Standing Committees, Executive Leadership Team and Corporate Management Team to ensure adequate and efficient administrative support arrangements are in place. This review should include consideration of the role, responsibility and grading of the Board Secretary.

Values, Behaviours and Relationships

4.55 All members of NHS Boards should consider what is expected of them individually

and collectively in terms of demonstrating the organisation's values and displaying the behaviours expected of a Board Member of a public body. This includes conducting their relationships in a manner that reflects these standards.

4.56 While everyone in NHS Scotland is expected to demonstrate these values, Board Members have an additional responsibility to act as role models for the rest of the workforce.

4.57 NHS Board Members and all NHS employees are expected to demonstrate the values set by the Scottish Government for NHS Scotland, as published in the **2020 Workforce Vision ‘Everyone Matters’.** These values are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork.

4.58 In addition to adopting appropriate values, NHS Boards must act morally, ethically and fairly if they are to deliver good governance in healthcare. In common with all public bodies in Scotland, Boards are required to have in place a Code of Conduct that sets out the standards of behaviours expected of their Board Members.

4.59 To support the delivery of the requirements set out in the **Ethical Standards in Public Life etc. (Scotland) Act (2000),** the Scottish Government’s Public Bodies Unit has developed a Code of Conduct specifically designed for Members of Health Boards. This not only sets out how the provisions of the Code should be interpreted and applied in practice, it also gives guidance on the rules regarding remuneration, allowances, expenses, gifts and hospitality, lobbying, registration of interests and the confidentiality of information.

4.60 Board Members must apply the values of the organisation and NHS Scotland and the principles of the Code of Conduct for Members of Health Boards in their dealings with fellow members of the NHS Board, its employees and other stakeholders. The NHS Board Chair has a responsibility to ensure that Members receive the necessary support to act in the appropriate manner at all times.

Evidence

4.61 In addition to promoting the NHS Scotland values statement, the NHSFV Board has determined the values of NHSFV as:

- person-centred
- ambitious
- respectful
- supportive
- a committed team member
- acting with integrity.

4.62 In common with all NHS Boards in Scotland, the NHSFV Board has adopted the model Code of Conduct proposed by the Scottish Government and the NHSFV Board has in place appropriate provisions regarding guidance and rules around remuneration, allowances, expenses, gifts and hospitality, lobbying, registration of interests and confidentiality.

4.63 The stakeholder interviews held by the review team provided an opportunity for the key players in the NHSFV governance system to consider how their values, relationships and behaviours enable the delivery of good governance. The following observations and comments reflect their views and experiences of what it is like to work as part of the NHSFV Board and Executive Leadership Team. The interviewees highlighted the following areas of concern:

- Lack of robust challenge at NHSFV Board and Standing Committee meetings in the past, although this has improved following escalation to Stage Four of the Performance Management Framework and the recent discussions on the Blueprint for Good Governance
- Lack of understanding of the correct processes and pathways available to NHSFV Board Members to address poor performance, resolve issues or escalate concerns
- Inappropriate response by some members of the NHSFV Executive Leadership Team when challenged by Board Members
- Inadequate response on some occasions when issues were escalated to the senior leadership of NHSFV

- Lack of commitment to resolving longstanding issues at various internal and external meetings by some members of the senior leadership team
- Lack of a psychologically safe space within the NHSFV Executive Leadership Team with some interviewees admitting to becoming frustrated, disengaged and seeing little value in attendance at some meetings
- Difficulties in maintaining effective professional relationships between all members of the NHSFV Executive Leadership Team with the suggestion that the lack of progress with the integration of health and social care services is the major area of contention and an underlying cause of friction
- Inadequate feedback to the NHSFV Board on progress and differing views within the NHSFV Executive Leadership Team on the level of success achieved by current and past organisational development interventions designed to resolve difficulties in building a high-performing leadership team

4.64 A number of interviews also shared their concern that the required improvements in behaviours and relationships within the NHSFV Executive Leadership Team were unlikely to be achieved without some changes to the membership of that group.

Evaluation

4.65 While the review team considered that the NHSFV Board and Standing Committee meetings are well-attended and Board Members can be relied upon to conduct themselves in accordance with the Code of Conduct, the review team recognise many of the issues identified at the stakeholder interviews and share some of their concerns.

4.66 While seeing value in a Board carefully considering the organisation’s values, the

review team question the need for publishing two value statements, one from NHS Scotland and one from NHSFV, and have concerns as to how that might be perceived by the workforce with the risk that confusion could arise over what was expected of staff.

4.67 The review team consider it likely that the lack of challenge at NHSFV Board and Standing Committee meetings was partly a result of the “light touch governance” in place during the Coronavirus pandemic. This has not yet been fully reversed but the latest intake of Board Members has raised the level and quality of challenge, debate and where applicable, the chairing of Standing Committees. The escalation to Stage Four of the Performance Management Framework has also resulted in Board Members adopting a more robust approach to scrutiny and challenge at meetings.

4.68 The continuing absence of a shared and agreed understanding of the optimum model for the integration of the delivery of health and social care services is one of the underlying issues that has caused many of the difficulties in establishing and maintaining effective working relationships at senior leadership level in NHSFV.

4.69 The difficulties experienced in establishing a healthy working environment within the Executive Leadership Team is also seen by many as a contributory factor to the adverse impact on individuals’ health and wellbeing. The delay in addressing this situation could be seen as a failure by the NHSFV Board to exercise an appropriate duty of care to those Executive Team Members affected by this situation.

4.70 In addition, the difficulties experienced by the NHSFV Executive Leadership Team also adversely affected the organisation's ability to adequately and effectively lead the changes required for long-term, sustainable success and could contribute to a lack of stakeholder and public confidence and trust in the NHSFV Board.

4.71 The review team also consider it important to highlight that the failure so far to resolve the issues around behaviours and relationships at Executive Leadership Team have had a significant impact on both the organisational culture and the governance arrangements in NHSFV.

4.72 The NHSFV Board has to accept responsibility for the lack of scrutiny and failure to challenge the delay in finding sustainable solutions to the problems with behaviours and relationships that had developed within the Executive Leadership Team.

4.73 The NHSFV Board also needs to consider how it can develop a more effective relationship with Executive Leadership Team members that enables them to identify issues and offer solutions to support the leadership and operation of that team. The NHSFV Board needs to accept responsibility for supporting the creation and maintenance of a high-performing Executive Leadership Team.

4.74 The failure to consider the appropriate issues at Board level and the lack of effective challenge at NHSFV Board and Standing Committee meetings was widely observed by the review team and is considered further in the sections of this report that explore the extent to which the NHSFV Board and Executive Leadership Team embraced the active and collaborative approach to governance required to deliver the NHS Scotland Blueprint for Good Governance.

Recommendations

4.75 The NHSV Board should review the impact of their decision to adopt and promote a

> locally devised set of organisational values alongside the NHS Scotland values that already apply to the workforce.

4.76 The NHSFV Board Chair should consider arranging a Board Development Session, facilitated by an experienced governance expert, to explore how best to optimise Board Members' contributions to Board and Standing Committee meetings.

4.77 While NHSFV Board Members should have the opportunity to assist the NHSFV Board Chair in identifying the areas where improvement is required, the Development Session should, as a minimum, consider the following issues:

- The Board Members' contribution to setting the NHSFV Board and the Integration Joint Boards' agendas
- The approach adopted by Board Members to raising concerns and challenge appropriately, in order to be assured and adopt a more active and collaborative approach to the governance of health and social care
- The potential benefits from the introduction of a Board Protocol along the lines suggested in the Blueprint for Good Governance
- The effectiveness of the current training available to provide Board Members

with the skills necessary to ensure best use is made of the time and contribution of individual Board Members.

4.78 The NHSFV Board Chair should introduce a programme of 1:1 meetings with all

executive, publicly appointed and stakeholder Board Members. The NHSFV Board Chair should also regularly meet informally with those Executive Leadership Team Members who are not also NHSFV Board Members. This should be viewed as an opportunity to share concerns, improve transparency and develop effective relationships.

4.79 Although making specific recommendations around the organisational culture in

NHSFV is outwith the scope of this review, the NHSFV Board Chair should ensure the findings of this report are available to the people responsible for addressing the issues around leadership and culture that influenced the escalation of NHSFV to Stage Four of the Performance Management Framework.

4.80 The NHSFV Board Chair should also make this report available to the people

reviewing the implementation of health and social care in Forth Valley and the Local Authority Leaders and Chief Executives of Falkirk, Stirling and Clackmannanshire Councils, and the Members of the Integration Joint Boards should be invited to discuss how they can work collaboratively to better define the direction for the devolved functions.

4.81 Defining the functions and enablers of the governance approach is not enough to

ensure good governance. To embed the Principles of Good Governance, NHS Boards must also implement governance arrangements that are specifically designed to deliver this approach at Board level.

4.82 The following paragraphs describe how NHS Boards should go about delivering the

Blueprint for Good Governance, reports the review team’s evaluation of the effectiveness of these systems and includes recommendations for improvements to the delivery of the governance arrangements in NHSFV that they also take into account the review team’s earlier evaluation of the functions and the enablers essential to providing good governance. This ensures the review presents a holistic view of the overall governance arrangements in NHSFV.

5. Delivery

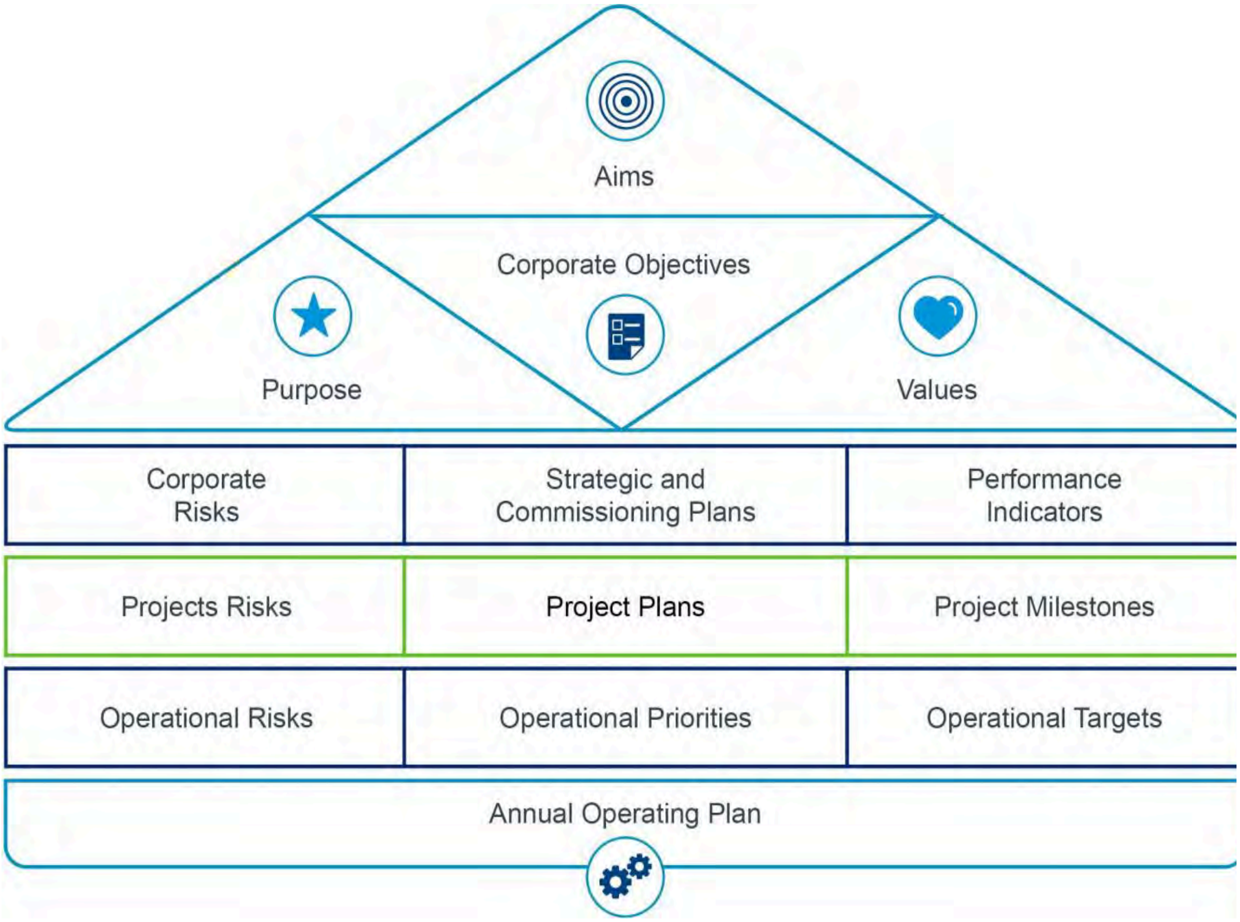
5.1
To support the delivery of the highest standards of governance, the Blueprint for Good Governance requires NHS Boards to construct an assurance framework and implement an integrated governance system that brings together the organisation’s strategic planning, risk management and assurance information systems, aligning them to the audit arrangements and the NHS Scotland Performance Management Framework.

5.2
The assurance framework and integrated governance system must be supported by a suite of operating guidance documents and it is critical to the delivery of good governance that these arrangements are widely communicated across the organisation.

Assurance Framework

5.3 Delivering good governance starts with the development of an assurance framework. This model can be used as a tool to bring together and align the organisation’s purpose, aims, values, corporate objectives and risks with the strategic plans, change projects and operating plans necessary to deliver the desired outcomes.

Figure Two - The Assurance Framework


Aims
Corporate Objectives
Purpose
Values
Corporate Risks
Strategic and Commissioning Plans
Performance Indicators
Projects Risks
Project Plans
Project Milestones
Operational Risks
Operational Priorities
Operational Targets
Annual Operating Plan

5.4 The assurance framework is primarily used to identify and resolve any gaps in control and assurance and helps identify any areas where assurance is not present, insufficient or disproportionate in relation to the delivery of the NHS Board's corporate objectives or operational priorities.

5.5 The construction of the assurance framework also ensures the systems introduced for strategic planning and commissioning, implementing change, managing risk and providing assurance information are all aligned and focused on the corporate objectives and operational priorities.

5.6 The assurance framework also describes the performance indicators, change project milestones and targets linked to each of the corporate objectives and forms the foundations for the assurance information system that provides the accountability reports to the NHS Board and Standing Committees.

5.7 Introducing an assurance framework also helps executives, managers and staff better understand how the organisation is governed and their role and accountabilities within the governance system. It emphasises the division of responsibilities between the NHS Board and the Executive Leadership Team.

Evidence

5.8

The review team was unable to identify any documentary evidence of an assurance framework as described in the Blueprint for Good Governance having been constructed by or communicated to the NHSFV stakeholders. However, the individual parts of an assurance framework were readily identified by the review team.

5.9 The NHSFV Board had considered the organisation's purpose, aims, values, corporate objectives and produced a set of corporate statements that reflect the strategic direction the NHSFV Board has set for NHSFV. The Corporate Statements document is attached as **Appendix F** to this report.

5.10 There is also a range of strategic and commissioning plans in place, with some clearly supported by detailed implementation projects. Some of the risks to the successful delivery of these plans and projects are included in the risk management system and a range of performance indicators and project milestones are in place in an attempt to monitor progress towards delivering the corporate objectives.

5.11 The Annual Operating Plan that is required to deliver the next steps towards achieving the organisation's purpose and its medium and long-term aims and objectives has been approved by the NHSFV Board. The risks to the delivery of the Annual Operating Plan and the operational targets set by the NHSFV Board are scrutinised by either the NHSFV Board or its Standing Committees.

Evaluation

5.12 While the review team concluded that the necessary components of an assurance

> framework were in place, it was evident from the interviews with the stakeholders that the relationship and connection between requisite components had not always

been established or highlighted when individual aspects of the NHSFV business were being considered at Board level.

5.13 Following the publication of the second edition of the Blueprint for Good Governance in December 2022, the NHSFV Board should have been aware of the requirement to develop an assurance framework. The review team found no evidence that this had been considered or prioritised by the NHSFV Board.

5.14 The absence of an assurance framework has contributed to the lack of clarity around the relationships between the outcomes expected by the NHSFV Board and the strategic plans, transformational change projects and operational plans developed by the Executive Leadership Team to deliver those outcomes. This has increased the risk that the delivery of strategic and transformational change and current operational outputs and outcomes are not subject to appropriate scrutiny, at the appropriate level and in the appropriate place within the governance system.

5.15 The NHSFV Board's ability to consider longer-term strategic issues and risks in an holistic, whole-system fashion, with the Standing Committees primarily focusing on the delivery of specific areas of the business, is limited by the absence of a comprehensive assurance framework. This framework would assist Board Members in identifying relationships and dependencies when considering the NHSFV approach to the planning and delivery of current operations and change projects.

5.16 To support the collaborative approach to governance it will be important that the

NHSFV Board takes account of the purpose, aims, corporate objectives and risks within the strategic plans and commissioning plans produced by the local Integration Authorities, when developing the NHSFV assurance framework.

Recommendations

5.17 The NHSFV Board should commission work to establish or confirm the connections,

alignment and dependencies between the component parts that make up an assurance framework. The output from this initiative should be a comprehensive assurance framework that supports the NHSFV Board and Standing Committees in delivering good governance at all levels of the governance system.

5.18 The assurance framework developed by the NHSFV Board should reflect a

collaborative approach to the delivery of health and social care across NHSFV and should be widely shared and communicated to the relevant stakeholders.

Integrated Governance System

5.19 NHS Boards should go beyond simply constructing an assurance framework to

deliver good governance. To effectively implement the assurance framework NHS Boards require to integrate the various governance approaches and systems across the organisation.

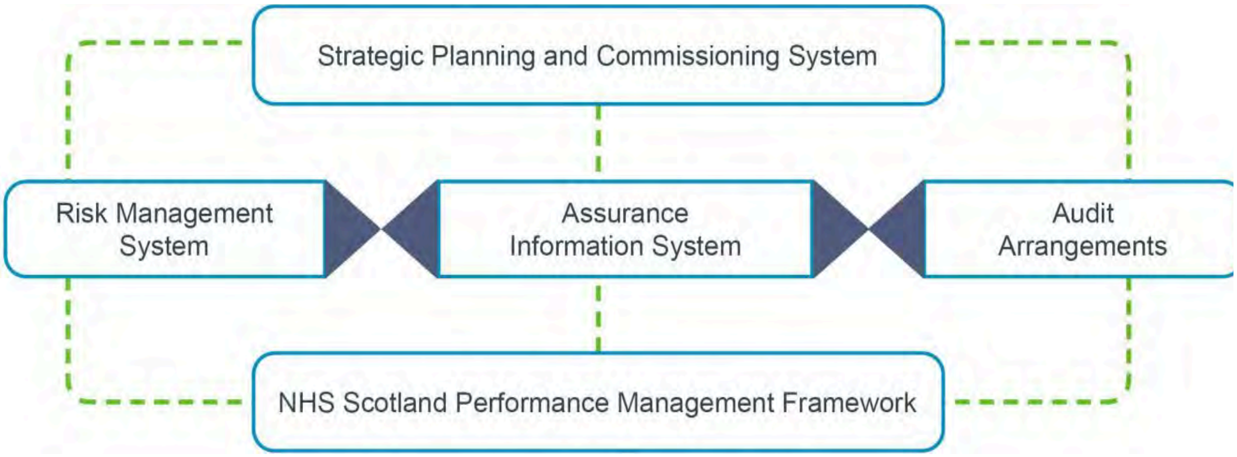
5.20 Integrated governance requires an all-encompassing approach to the delivery of the services provided by the organisation. It brings together the distinct governance systems required to direct and control the management of operations and the leadership of change, and the effective integration of these systems is critical to the delivery of the active and collaborative approaches to governance.

5.21 The integration of the individual governance systems also ensures that the internal management controls, the NHS Board's oversight, the independent assurance from the internal and external auditors are aligned in a manner that provides a rich and added value picture that informs and influences the Scottish Government's assessment of governance as part of their Performance Management Framework.

5.22 In NHS Scotland there are five discrete but linked assurance systems that can be considered as the integrated governance system that supports the delivery of good governance. Collectively, these systems provide the Scottish Government, the NHS Board, the Standing Committees and the Integration Authorities with important information that helps them to be assured that good governance is in place across the healthcare system.

5.23 To support NHS Boards in developing and delivering an integrated governance system the Blueprint for Good Governance includes detailed supplementary guidance on best practice in relation to the individual governance systems.

Figure Three - The Integrated Governance System


Strategic Planning and Commissioning System
Risk Management System
Assurance Information System
Audit Arrangements
NHS Scotland Performance Management Framework

5.24 The NHS Board has accountability for the risk management system, the assurance

information system and shares ownership of the strategic planning and commissioning system with the Integration Authorities.

5.25 The integrated governance system also includes the internal and external audit

arrangements required to provide the NHS Board and key stakeholders with assurance that the system of internal controls is functioning as intended. The main contributors to the audit arrangements are the NHS Board, the Internal Auditors, the External Auditors and the Audit and Risk Committee.

5.26 The Scottish Government owns and operates the NHS Scotland Performance

Management Framework. As the sponsor of the NHS Boards, the Director General for Health and Social Care has put in place a performance management framework to assist the Scottish Government in ensuring that the NHS Boards are delivering

services and targets to the required standards, within budgets and with the appropriate governance.

Evidence

5.27 To arrive at an assessment of the effectiveness of the integrated system the review team first considered the evidence provided by NHSFV on each of the governance systems currently in place.

Strategic Planning and Commissioning System

5.28 While the review team was content that the strategic planning and commissioning systems and processes in place had produced a suite of strategic and commissioning plans, they found that not all of these plans reflected best practice, as described in the supplementary guidance on strategic planning and commissioning contained in the latest version of the Blueprint for Good Governance.

5.29 The stakeholder interviews confirmed that NHSFV Board Members are now aware of the best practice described in the second edition of the Blueprint for Good Governance published in December 2022.

5.30 Therefore, it is expected that the next series of strategic and commissioning plans will be developed in accordance with the latest guidance. Adopting this approach should assist in addressing the majority of the concerns raised by Board Members around the extent to which they are personally involved in setting the direction for the organisation.

Risk Management System

5.31 The risk management system in place in NHSFV is consistent with the supplementary guidance in the Blueprint for Good Governance. It is also compliant with the requirements of the **HM Government Orange Book** and the **Scottish Public Finance Manual.**

5.32 An experienced Senior Risk Officer is in place and the both the corporate and the operational risk systems are regularly reviewed at the appropriate level by the NHSFV Board and the Executive Leadership Team.

5.33 As a result, the risk management system operates well in relation to the risks included in the risk registers. However, concerns have been raised by Board Members concerning the identification of new and emerging risks, in particular the lack of direct involvement of Board Members in this part of the risk management process.

5.34 Although the risk management systems, policies and processes in place provide the NHSFV with an overview of the level of corporate and operational risks in the current environment, the integration of the risk management system with the strategic planning and commissioning and the assurance information systems was not obvious to the review team. This lack of integration of these systems may have

been a contributory factor in the failure of the NHSFV Board to address the risk of being escalated to Stage Four of the Performance Management Framework.

Assurance Information System

5.35 In common with all NHS Boards, there is a significant amount of data used across NHSFV to both manage performance and support the governance of the organisation. This data is usually presented in the same format for both purposes.

5.36 The guidance in the Blueprint for Good Governance describes how NHS Boards should develop a discreet information system in order to support assurance at Board level and encourage a more active approach to governance by individual Board Members.

5.37 Despite the NHSFV Board having taken part in an NHS Education for Scotland initiative to introduce this more active approach, the review team found little evidence of the implementation of this approach.

5.38 The need for a redesign of the assurance information flows to the NHSFV Board was recognised by Board Members who expressed concerns that the current approach does not meet their needs in relation to holding the Executive Leadership Team to account for their stewardship of the organisation.

Audit Arrangements

5.39 The review team's assessment of the NHSFV audit arrangements concluded that

> the system in place was effective and the outputs provided the NHSFV Board and the Scottish Government with the required levels of assurance.

5.40 However, one area of concern was the number of delays in completing the actions

necessary to implement recommendations made by the Internal Auditors.

5.41 It should be noted that there has been a significant improvement in this area since

> NHSFV was escalated to Stage Four of the NHS Scotland Performance Framework and steps taken to ensure this situation doesn't occur in future.

5.42 A further area of concern for the review team was the apparent lack of challenge to

> the NHSFV Board by the Internal Auditors concerning the issues around integration of health and social care and the dysfunctional relationships within the Executive Leadership Team.

NHS Scotland Performance Management Arrangements

5.43 The final component of the integrated governance system is the NHS Scotland

> Performance Management Framework. The NHS Scotland Performance Management Framework describes the five stages of a Ladder of Escalation that provides a model for intervention by the Scottish Government when there are concerns about a NHS Board's ability to deliver the expected standards, targets and governance.

5.44 The model not only describes the stages of performance but also the level of support that would be provided by the Scottish Government Directorates for Health and Social Care at each stage. NHSFV was escalated to Stage Four which is defined as the situation having significant risks to delivery, quality, financial performance or safety with senior level external support required. This support is described as being a transformation team reporting to Director General and CEO NHS Scotland.

5.45 The terms of reference for the governance review did not include the requirement to provide an assessment of the effectiveness of the escalation process. However, a number of stakeholders interviewed commented that the utilisation of the Performance Management Framework had encouraged and supported the NHSFV Board to address the challenges being faced by the organisation and the recent Board development sessions focussing on the Blueprint for Good Governance were seminal in supporting this improvement. While the evidence scrutinised by the review team supports that view overall, there were some issues raised by members of the NHSFV and Executive Leadership Team that merit inclusion in this report.

5.46 While the introduction of external, expert resources such as the Acting Director of Acute Services was widely welcomed and the relationship with the Scottish Government's Assurance Board was recognised as positive and supportive, the actions and information flows at the point where NHSFV was escalated to Stage Four were subject to some criticism.

The escalation came as a surprise to many Board Members and the precise reasons and underlying evidence for the Director General taking this action remained unclear for some time.

Evaluation

5.47 Having reviewed the integrated governance system, the review team's evaluation

considered both the effectiveness of the individual systems and the extent to which they are aligned, and how effectively they combine to deliver good governance.

5.48 Given the close relationship between healthcare and social care services and the

integrated approach to delivering these services required by NHS Boards and Local Authorities in Scotland, it is critical to the effective planning and commissioning of primary and secondary healthcare that the commissioning plans developed by the Integration Authorities align with the strategic plans approved by the NHSFV Board.

5.49 The NHSFV Board requires assurance that all strategic and commissioning plans

include comprehensive risk assessments and equality and environmental impact assessments.

5.50 The strategic and commissioning plans should also be clear about how success will

be measured and the governance arrangements for oversight of delivery, including details of the information flows to the NHSFV Board on the progress being made with implementation.

5.51 Therefore, not only the risk management system but also the assurance information system needs to be integrated with the strategic planning and commissioning system. The review team could see evidence of where this had been in part achieved but the existing arrangements for information flows to the NHSFV Board and Standing Committees would appear to have been developed incrementally, rather in a structured manner based on best practice, as described in the Blueprint for Good Governance.

5.52 Having assessed the effectiveness of the governance systems individually and collectively in delivering good governance, the review team has made recommendations to support the implementation of an assurance framework and integrate the various governance approaches and systems in NHSFV.

Recommendations

5.53 Firstly, the NHSFV Board should ensure that all new strategic and commissioning plans follow the guidance set out in the Second Edition of the Blueprint for Good Governance published by the Scottish Government in December 2022.

5.54 Consideration should be given to identifying strategic plans already approved by the NHSFV Board and the Board Members should decide which, if any, of these plans require to be updated to better align them with the best practice described in the Blueprint for Good Governance.

5.55 To ensure early and in-depth scrutiny by Board Members before strategic plans are approved, the NHSFV Board should put in place a strategic planning cycle that clearly indicates where and when the NHSFV Board is involved in considering options, assessing risks, giving approval and thereafter in monitoring delivery of the NHSFV Board's strategic plans. To facilitate this approach, a strategic planning framework should be maintained.

5.56 For each of the strategic and commissioning plans, the strategic planning framework should describe the period covered and the corporate objectives addressed by the plan. It should also identify the stakeholders consulted, the author, the approver and the date approved. Details of the reporting arrangements and the expected date of the next review by Board Members should also form part of the framework.

5.57 When approving new or reviewing earlier strategic and commissioning plans NHSFV Board members should seek assurance that any risks identified as part of the planning process are also reflected in the NHSFV risk management system at the appropriate level. The NHSFV Board should also consider how risk and performance reporting are appropriately linked.

5.58 The NHSFV Board should ensure that understanding of risk identification and management is appropriately shared at all levels throughout the organisation.

5.59 The NHSFV Board should commission work to review and refresh the current information flows to the NHSFV Board and its Standing Committees. The outcome of this work should be a revised assurance information system based on the best practice described in the Blueprint for Good Governance.

5.60 The revised assurance information system should include functionality that delivers

regular updates on visits, reviews and recommendations by regulatory bodies and provides assurance to the NHSFV Board that the appropriate response is in place.

5.61 The NHSFV Board should ensure the revised assurance information system also

reports peoples' lived experience of NHSFV services in conjunction with the other performance data and information on service delivery.

5.62 The NHSFV Audit and Risk Committee should ensure that the improvement in the

timeous action of Internal Audit recommendations is maintained.

5.63 While the introduction of an assurance framework and the development of an

integrated governance system will contribute significantly to the delivery of the active and collaborative approaches to governance, the delivery of good governance also relies on efficient operating arrangements being implemented throughout the organisation. Support for the achievement of this outcome is described in a suite of documents referred to in the Blueprint for Good Governance as operating guidance.

Operating Guidance

5.64 The detailed description of NHS Boards’ governance arrangements and the guidance on implementing these arrangements are contained within a portfolio of documents that is developed, maintained and communicated by the NHS Board Secretary. It includes Standing Orders, Standing Financial Instructions and the Schemes of Delegation that provide the senior leadership and management of the organisation with their principal operating guidance.

5.65 In the territorial Boards the operating requirements for those functions delegated to the Integration Authorities are described in the Integration Schemes agreed between the NHS Boards and the Local Authorities. These documents also provided NHS Board and Integration Joint Board Members with guidance on the delivery of the collaborative governance arrangements for the healthcare functions delegated to the Integration Joint Board. As such, they should be seen as an important component of the NHS Board’s operating guidance.

Evidence

5.66 The review team completed a desk-based analysis of relevant documents held by NHSFV which described the governance arrangements and systems. They also scrutinised the agendas and minutes of NHSFV Board and Standing Committee minutes for the past six months. A list of all the documents submitted to the review team is attached as **Appendix D** to this report.

Evaluation

5.67 The desk-based analysis of the operating guidance confirmed that NHSFV has a comprehensive portfolio of documents in place to support the NHSFV Board's governance arrangements. With the exception of the Integration Schemes, the review team found these to be up to date and of a reasonable standard.

5.68 In common with the other territorial NHS Boards across Scotland, the operational pressures caused by the Coronavirus pandemic was responsible for the delay in reviewing and updating the Integration Schemes in NHSFV. This had been recognised and accepted by the Scottish Government and COSLA which had agreed that all NHS Boards could postpone this work until the pandemic was under control. Work has now started in NHSFV to update both the Integration Schemes.

5.69 The review of the minutes of the various governance committees, including the Executive Leadership Team meetings contained an unnecessary high-level of detail on the discussions at these meetings. The review team also noted that on some occasions, the minutes failed to either capture agreed actions or more commonly, failed to record the lack of progress with previously agreed actions.

Recommendations

5.70 Given the concerns expressed by stakeholders around the implementation of the integration of health and social care services across Forth Valley, the work to refresh the Integration Schemes should be prioritised by NHSFV. This requires full engagement with Falkirk Council, Stirling Council and Clackmannanshire Council.

5.71 In completing the updating of the Integration Schemes, it will be important to ensure full consultation and open discussions take place with all the key stakeholders around the options to refresh the existing Schemes. Due regard should also be given to the governance review of the healthcare system and the other reviews commissioned by the NHSFV Board and the Scottish Government that make reference to the integration of health and social care services.

5.72 The NHSFV Board Secretary should consider arranging specific training on the best practice in minute writing for the administrative staff involved in this work.

5.73 The Chairs of the various governance committees, including the Executive Leadership Team meetings should take steps to ensure that all agreed actions are recorded and when these actions are taken they are recorded in the minutes or in action logs.

5.74 Having considered the NHSFV Board's approach to the functions, enablers and delivery of the Blueprint for Good Governance, the next section of the report considers how this has contributed to the delivery of the active and collaborative approach to governance that is required of NHS Boards in Scotland.

6. Conclusions

6.1 In this section of the report the review team primarily focuses on the improvements required to the approach to governance adopted by the NHSFV Board Members in order to enable the NHSFV Board to deliver active and collaborative governance.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Active Governance

6.2 The Blueprint for Good Governance defines the active approach to governance as follows:

> ***“Active governance exists when the appropriate issues are considered by the right people, the relevant information is reviewed in the most useful format at the right time, and the level of scrutiny produces rigorous challenge and an effective response.”***

6.3 This approach should not only ensure that Boards can make timely, well-informed, evidence-based and risk-assessed decisions, it will also ensure Board Members can rapidly identify, escalate and manage issues which otherwise might not be seen or understood.

6.4 Put simply, the active approach to delivering good governance requires Board Members ***“to focus on the right things, consider the right evidence and respond in the right way”.***

6.5 Confirming whether or not the NHSFV Board has adopted an active approach to governance is key to assessing the effectiveness of the governance arrangements in NHSFV. To answer that question the review team has considered all the evidence available from the stakeholder interviews, observations at meetings and the desk-top analysis.

6.6 Therefore, this section of the report, together with the section on collaborative governance, provides an overview of the effectiveness of the Board Members and the Executive Leadership Team in relation to their individual and collective contribution to the governance of the healthcare system in NHSFV.

6.7 The review team considers the evidence provided confirms that the NHSFV Board, Standing Committees and Executive Leadership Team generally "focus on the right things". The agendas for meetings, the papers presented and the information available could all be seen to support the NHSFV Board's purpose, aims and objectives. However, there were two notable exceptions to this that should be considered as the root cause of many of the significant challenges currently faced by the organisation and the factors which contributed to the escalation of NHSFV to Stage Four of the Performance Management Framework.

6.8 These are the failure to agree an appropriate business model for the delivery of integrated health and social care services and the difficulties experienced in building and maintaining a high-performing Executive Leadership Team. Although consideration of the actions being taken to address these issues are outwith the scope of this governance review, the review team considers the approach adopted by the NHSFV Board, Chair, and Chief Executive to these longstanding problems has had considerable impact on the governance of the organisation and the health and wellbeing of some senior employees.

6.9 While the delegation of the planning and commissioning for a range of healthcare functions to the Integration Joint Boards was viewed as successful, there remains a

lack of agreement around the preferred business model for delivering integrated health and social care services by the Health and Social Care Partnerships. This lack of clarity in the roles, responsibilities and accountabilities for the delegated functions, has resulted in difficulties around how the existing governance systems are used to support strategic planning, risk management, and the provision of assurance information to the NHSFV Board, the Integration Joint Boards and the Local Authorities.

6.10 The review team was particularly concerned that the NHSFV Board Members,

especially those who were also members of the Integration Joint Boards and/or Local Authority Councillors, had not viewed resolving the issues around integration as a priority for the NHSFV Board until the escalation to Stage Four of the Performance Management Framework. Interviewees were unable to explain why questions had not been raised about the lack of progress, bearing in mind members of the Executive Leadership Team had raised their concerns on a number of occasions, including at a formal meeting of the NHSFV Board.

6.11 The review team also considered the relationship between this lack of progress and

the second issue where the NHSFV failed to focus attention on difficulties within the Executive Leadership team at an early enough stage. Not only did the NHSFV Board fail to focus on the problems being experienced by the Health and Social Care Partnerships around the implementation of the integrated service delivery model, they failed to consider the impact this was having on the Chief Executive’s attempts to create a high performing and cohesive Executive Leadership Team.

6.12 The continuing absence of a shared and agreed understanding of the optimum integration model is considered one of the underlying issues that has caused many of the difficulties in establishing and maintaining effective working relationships at senior leadership level in NHSFV. This is also seen by many as a contributory factor to the adverse impact on individuals’ health and wellbeing and raises questions around how the NHSFV Board discharges its duty of care to those Executive Team Members affected by this situation.

6.13 The other underlying issues that were identified by interviews as contributing to the difficult relationships within the Executive Leadership Team included the review of poor performance in the Accident and Emergency Department at Forth Valley Royal Hospital, and the handling of grievances and disciplinary action at senior management level.

6.14 While the NHSFV Board, Chair and Chief Executive had taken some action towards addressing the issues adversely impacting on relationships within the Executive Leadership Team, and the majority of Board Members were aware of this situation, the response by the NHSFV Chair and Chief Executive to these concerns had not been formally discussed or scrutinised by the NHSFV Board. While it would not be possible for some aspects of the situation to be discussed due to the confidential nature of the NHS grievance procedures, the NHSFV Board Chair and Chief Executive should have ensured that the difficulties with agreeing the model for the integration of health and social care services and the creation of a high performing Executive Leadership Team were included in the NHSFV Board agenda.

6.15 The review team also noted that not all Board Members were aware of all the multiple Organisational Development exercises undertaken over a period of several years without successfully resolving the relationship difficulties within the Executive Leadership Team. Where they were aware of the work to resolve the issues, the Board Members did not perceive it as their responsibility to challenge or seek assurance from the Chief Executive on whether these difficulties were being resolved or how they affected performance and relationships, specifically where these affected the Local Authorities and the Integration Joint Boards.

6.16 It is also of concern to the review team that these problems and how they were being addressed by the NHSFV Chair and Chief Executive were not reflected in the performance appraisal reports of the individuals presented by them to the NHSFV Remuneration Committee or reflected in the discussions and scrutiny by Board Members at the Committee meetings.

6.17 The review team was unable to disaggregate the effects of the NHSFV Board's failure to effectively address the issues around the integration of health and social care and the difficult relationships within the Executive Leadership Team. It was not possible to form a clear view on which issue was the cause and which was the effect but it is clear that one cannot be solved without the other being adequately addressed.

6.18 For those areas that were scrutinised by the NHSFV Board the evidence provided for assurance purposes tended to be the same data produced to support the Executive Leadership Teams' operational management of the healthcare services provided by NHSFV. In some but not all occasions this information did provide the necessary assurance but the volume of data and the manner in which it was presented did cause problems for some Board Members, particularly those who do not have a background in healthcare.

6.19 The NHSFV Board had taken part in a workshop on active governance delivered by

NHS Education for Scotland. However, the review team saw little evidence of the best practice on how to determine and present the appropriate assurance information as described at that workshop being introduced into NHSFV.

6.20 Overall, the review team was not convinced that the NHSFV Board was always able

to "consider the right evidence" and more work needs to be done to introduce the best practice in commissioning and receiving assurance information as described in the Blueprint for Good Governance.

6.21 How an NHS Board responds to the information it receives is critical to the delivery

of active governance. Board Members need to challenge the Executive Leadership Team in an appropriate manner. The ability of the NHSFV Board to "respond in the right way" was an area of concern for the review team.

6.22 It was reported during the stakeholder interviews that some Board Members felt that

not all members of the Executive Leadership Team responded well to challenge and therefore Board Members chose not to raise contentious issues at Board and Standing Committee meetings, instead choosing to seek assurance outside of the formal meetings from individual members of the Executive Leadership Team.

6.23 Some Executive Leadership Team Members reported raising concerns with individual Board Members only to be disappointed that no action was taken by the NHSFV Board to address their concerns. This had caused some individuals to raise these issues with the Scottish Government.

6.24 Many of the Board Members interviewed felt that since escalation to Stage Four, they were more likely to “respond in the right way” and the previous lack of challenge was a result of the “light touch governance” in place during the Coronavirus pandemic.

6.25 The review team recognised the difficulties experienced by NHS Boards in finding the right level of governance during the early days of the pandemic but considered that the NHSFV Board should have moved sooner to a more proportionate approach to governance given the issues they faced that were additional to the challenges of responding to and recovering from the pandemic. In particular, the issues around the delivery of integrated health and social care services, the difficult relationships within the Executive Leadership Team, and the issues that underpin these concerns, not only required a more effective response from the NHSFV Board Chair and Chief Executive but also a more active approach to governance from the Board Members.

6.26 It is clear that at least the majority of Board Members knew things were not as they should be, and while they might not have known exactly what was wrong or all of what was going wrong, the NHSFV Board should have acted in a more proactive manner. The review team would have expected Board Members to raise their concerns formally with the NHSFV Board Chair or Chief Executive. This lack of agency on their part in seeking resolutions to serious issues of which they were individually, if not collectively aware, was a fundamental weakness in the governance of NHSFV.

Recommendations

6.27 The NHSFV Board Chair should discuss with the Standing Committee Chairs how

to ensure that governance meeting agendas focus on all the challenges facing the NHSFV Board, including those potentially difficult issues involving relationships and behaviours at senior leadership levels in NHSFV.

6.28 The Remuneration Committee should review their approach to the annual appraisal

process of the Chief Executive and Executive Leadership Team to ensure it accurately reflects performance and is equitably applied. The NHSFV Board Chair should consider inviting NHS Education for Scotland to deliver their workshop on creating an effective Remuneration Committee to all Board Members.

6.29 The NHSFV Board Chair should also consider inviting NHS Education for Scotland

to repeat the workshop on Active Governance with particular emphasis on the importance of developing an assurance information system that meets the needs of the Board Members and supports them in delivering active governance.

6.30 While an active approach is required to deliver good governance in healthcare, it should be recognised that the NHS is only one of a range of organisations that impacts on the health of the population. Therefore, NHS Boards must also consider how they can influence and interact with the other bodies that have an impact on the delivery of quality healthcare.

Collaborative Governance

6.31 The NHS works closely with national and local government, integration authorities, independent (primary care) contractors, the private sector, the Third sector, charities, academia, communities and citizens to deliver healthcare in a joined up, person-centred manner.

6.32 Consequently, the governance of the organisations that interact with the NHS have a direct impact on population health and the delivery of healthcare services and this must be recognised when designing the governance approach for NHS Boards.

6.33 To assist in the promotion of this approach, the following definition of what collaborative means in relation to governance has been included in the Blueprint for Good Governance:

“Collaborative governance exists when all parties who have an influence in the delivery of healthcare outcomes recognise, understand and respect the needs of each other and work together to integrate or align their arrangements for the governance of the delivery of services and products within the healthcare environment.”

6.34 While fully integrating governance can be challenging, it is critical that a collaborative approach to governance is adopted by the key players in the healthcare system to ensure that the end-to-end governance arrangements are understood and aligned in order to achieve the best outcomes for the population and ensure best value in the use of public funds.

6.35 While a collaborative approach is required in relation to all the organisations involved in the delivery of healthcare across the Forth Valley area, the majority of stakeholders focussed on the relationships that have the most direct impact on the delivery of an integrated health and social care system. During these discussions the lack of progress in establishing an integrated health and social care service for the population served by NHS Forth Valley was repeatedly commented upon by interviewees.

6.36 From interviews, observations and available documentation the review team was concerned about the apparent lack of a productive, collaborative approach to governance in respect of the integration of health and social care services by the NHSFV Board and Executive Leadership Team and its key partners; Falkirk Council, Stirling Council, and Clackmannanshire Council.

6.37 Reasons for the lack of progress with the integrated service model shared with the review team varied from an unwillingness by some senior leaders to relinquish power and control, a lack of understanding of what integration actually meant in terms of responsibilities and accountabilities amongst all key partners, individuals

allowing difficult relationships to stand in the way of progress, and a lack of trust between some key players at a senior level.

6.38 In a substantial number of cases, the interviewees expressed a view that without some changes to the leadership in the NHSFV Board and Executive Leadership Team, they would continue to struggle and be unable to deliver the improvements required for de-escalation from Stage Four of the Performance Management Framework.

6.39 However, while that is a major issue to be addressed by the NHSFV Board and the Scottish Government, it should be noted that views on the effectiveness of working relationships between the senior leadership of NHSFV, the Health & Social Care Partnerships and the three Local Authorities were perceived very differently by the individuals involved.

6.40 Although the review team recognised that since escalation to Stage Four of the Performance Management Framework attempts had been made to improve and resolve the situation, it was clear that progress with the integration of health and social care and improvements in the relationships between the senior leaders would have benefited from more frequent direct engagement between the NHSFV leadership, the Chief Officers of the Integration Joint Boards and the Leaders of the three Local Authorities.

6.41 Whilst the concerns around the approach adopted to the delivery of integrated health and social care services, the stakeholder discussions and the review team's observations at meetings provided little evidence of a proactive approach to aligning the governance arrangements of the parties that influence the delivery of healthcare outcomes. The review team consider this an area worthy of further consideration by the NHSFV Board.

Recommendations

6.42 The NHSFV Board should commission work to review the NHSFV Board and the

Executive Leadership Team's approach to engaging with the key players in the delivery of healthcare services across the Forth Valley area. This work should be separate from any other more general engagement strategy and focus specifically on the involvement of NHSFV Board and Executive Leadership Team members in external stakeholder engagement and collaborative working. Consideration should be given to this work being completed by an external expert.

6.43 The NHSFV Board Chair and Chief Executive should consider what actions are

necessary to strengthen and improve their relationships with key stakeholders, particularly within the Local Authorities and Integration Joint Boards.

6.44 The NHSFV Board should review its role in the existing approach to engagement

and communications with the full range of stakeholders including, the public, the NHSFV workforce, the Scottish Government, the Local Authorities and the other stakeholders identified as critical to the successful delivery of the NHSFV purpose, aims and corporate objectives.

6.45 Consideration should be given by the NHSFV Board to supporting the workforce in their understanding of good governance and its contribution to the success of the organisation. This should include highlighting how the workforce can seek support from the NHSFV Board Members regarding concerns over emerging issues. The role of the Whistleblowing Champion should be included in any communications on this subject.

7. Next Steps

7.1 The overall assessment of the NHSFV's ability to deliver the active and collaborative approach to governance should be the driver behind any decisions on the next steps for improving governance in NHSFV.

7.2 However, the NHSFV Board must first consider what additional information is available on the effectiveness of their approach to governance.

Further Evaluation

7.3 This report is restricted to an external perspective on the effectiveness of the current governance arrangements in NHSFV. It is important that this view is triangulated with the other perspectives available to the NHSFV Board.

7.4
While the Blueprint for Good Governance recommends an external review of the organisation’s governance arrangements, it also describes the preferred approach to evaluation as including an analysis of the NHSFV Board Chair’s appraisal of the Board Members’ individual performance and a structured self-assessment of the NHSFV Board’s effectiveness.

7.5
Therefore, the NHSFV Board should undertake further evaluation of the governance arrangements in line with the guidance in the Blueprint for Good Governance. The review team has made the following recommendations to deliver that outcome.

Recommendations

7.6 The NHSFV Board should consider how any weaknesses in the governance arrangements identified by the NHSFV Board Chair through the individual performance appraisal systems can be addressed. This should include consideration of any issues that were identified by the Scottish Government as part of their 360 degree performance appraisal of the NHSFV Board Chair.

7.7
The NHSFV Board should undertake a self-assessment exercise to review their effectiveness, identifying any new and emerging issues or concerns. The review team understands that the NHSFV Board has already commissioned consultancy support and facilitation for the self-assessment exercise.

7.8 The NHSFV Board should consider the implications for the governance arrangements of any recommendations arising from the work being undertaken to assess the leadership and culture of the organisation and the changes required to the delivery of integrated health and social care services

7.9 After critically examining this report, the analysis of the Board Members' performance appraisals, the findings of the self-assessment exercise, and the outcomes of the work on leadership, culture, and service integration, the NHSFV Board should then use this information as the baseline and driver for its improvement and development activities.

Continuous Improvement

7.10 For the governance of healthcare to continuously improve, in addition to addressing the issues raised by this review and the NHSFV Board's analysis of the outcomes of the Board Members' appraisal and the self-assessment exercise, the governance approach adopted by NHS Boards has to be an evolving, iterative and integrated process.

7.11 The adoption of a continuous improvement approach will assist the NHSFV Board in ensuring that the governance arrangements in NHSFV remain relevant and continue to be fit for purpose as the health and social care system evolves over time.

7.12 In addition, the governance development will be included in the overarching NHSFV Improvement Plan and the activities in the development programme will be aligned with the other actions included in the Improvement

Plan which address issues and concerns around leadership and culture.

7.13 The governance development programme will form part of the evidence being considered when NHSFV's position is reviewed against the NHS Scotland Performance Management Framework.

Recommendations

7.14 The NHSFV Board should commission a development programme based on the Blueprint for Good Governance that ensures the organisation learns from the latest evaluation of governance arrangements in NHSFV and adopts a continuous improvement approach to delivering active and collaborative governance across the health and social care system.

7.15 When designing the NHSFV development programme, the NHSFV Board should take into account the review of the Performance Framework in relation to the territorial NHS Boards, published by the Scottish Government in September 2023.

7.16 The NHSFV Board should determine the oversight and reporting arrangements for the development programme and include regular reviews of progress in the NHSFV Board's annual cycle of business.

7.17 The NHSFV development programme should be presented to the Scottish Government's Assurance Board as part of the evidence being scrutinised when they consider de-escalation from Stage Four of the NHS Scotland Performance Management Framework.

Wider Implications

7.18 The review team welcomes the refreshed approach to managing the sponsorship relationship between the Scottish Government and the territorial NHS Boards by utilising the new NHS Scotland Support and Intervention Framework and look forward to the output from the work underway to construct an overarching NHS Board Model Framework that will include the Support and Intervention Framework. The introduction of this revised approach should play a significant part in avoiding governance failures in territorial NHS Boards in future.

7.19 While conducting this governance review of NHSFV, the reviewers identified a number of other areas that the Scottish Government may wish to consider including in its refreshed approach to providing the Scottish Parliament with assurance that the governance of NHS Scotland is to a good standard.

7.20 The work currently being undertaken by the Scottish Government to improve the governance of healthcare aims to reduce the risk of governance failures in the future, and broadly focusses on four themes:

- Setting and communicating the standards expected of NHS Boards' governance arrangements

- Supporting NHS Boards to develop their capability and capacity to deliver active and collaborative governance
- Assessing the effectiveness of NHS Boards’ governance arrangements
- Adopting a continuous improvement to healthcare governance.

7.21 In support of this approach the review team has suggested that the NHSFV Chair agrees to share this report with all NHS Boards and that they are advised to consider the review of NHSFV when identifying opportunities to improve their own governance arrangements. This should inform the self-assessment that all NHS Boards are now required to undertake and will support the introduction of their development programmes for corporate governance.

7.22 Other areas identified by the review team that will be explored as part of its ongoing discussions with the Scottish Government include:

- The introduction of an annual report on the state of governance within NHS Scotland
- The design and delivery of governance development programmes, following completion of self-assessments by NHS Boards
- The roles, responsibilities, grading, induction and training of Board Secretaries across NHS Scotland

- The development of an in-house capability and capacity to support in-depth reviews of the governance arrangements in healthcare, including targeted reviews of specific NHS Boards as identified by Scottish Government

- The potential for undertaking governance reviews of NHS Boards that include parallel work in social care by the Local Authorities to increase the depth of understanding and the capacity to improve collaborative governance across the health and social care system

- The implementation of a rolling programme of proportionate, risk-based external assessments of NHS Boards' governance systems
- The sponsorship of the territorial NHS Boards by the Scottish Government,

  including the introduction of the NHS Scotland Support and Intervention Framework and the further development of the overarching NHS Board Model Framework.

7.23 These discussions will be conducted with the Director of Health and Social Care

Finance, Digital and Governance and the Healthcare Governance Advisory Board which is being introduced by the Scottish Government to support the continuous improvement of healthcare governance across Scotland.

20 October 2023

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Appendix A

Terms of Reference

Introduction

A.1 On the 23 November 2022, NHS Forth Valley (NHSFV) was escalated to Stage Four of the NHS Scotland Performance Management Framework for concerns relating to governance, leadership and culture. In response a comprehensive NHSFV Improvement Plan has been developed by the NHSFV leadership which includes commissioning an external review of the corporate governance arrangements in the organisation.

A.2 The corporate governance review is intended to assist the NHSFV Board in identifying any improvements to their approach to corporate governance that will be required to address the range of performance-related issues included in the NHSFV Improvement Plan.

A.3 The findings and recommendations of the review team will not only be reported to the NHSFV Board and the Executive Leadership Team, but also shared with the Assurance Board established by the Scottish Government to support and scrutinise the delivery of the NHSFV Improvement Plan.

A.4 The following paragraphs describe the scope of the review and the arrangements put

in place to deliver the desired outcomes.

Scope

A.5 The overarching focus of the external review will be to make an assessment of the

effectiveness and efficiency of the corporate governance arrangements currently in place in NHSFV.

A.6 The review team's assessment will be based on the Principles of Good Governance

(see Appendix A) as described in the **Blueprint for Good Governance Second**

Edition. The review will identify areas of strength and weakness and the extent to which these impact on the conduct of all aspects of NHSFV business, including the delivery of the NHSFV Improvement Plan.

A.7 The review team will be expected to form a judgement about how effective the

NHSFV Board is in delivering an active and collaborative approach to corporate governance, and the extent to which the NHS Board has adopted a continuous improvement approach to the implementation of the Blueprint for Good Governance since its introduction in 2018. This will include an assessment of how the NHSFV Board and the Executive Leadership Team demonstrate and enable the organisation's stated culture and values. The arrangements for ensuring that staff, including clinicians, are aware of the NHSFV governance arrangements will also be assessed.

A.8 The review will identify issues and risks within the NHSFV approach to corporate

governance that require attention, and the review team will make recommendations to the

A.9 NHSFV Board and Executive Leadership Team on areas for development and,

where necessary, improvement. The review team will also highlight any barriers to change that they identify as part of the review process.

A.10 The review team will also advise the NHSFV Board and the Scottish Government's

Assurance Board of any issues outside of the scope of the governance review that could be considered as having an adverse impact on the operational management and leadership of change within NHSFV.

A.11 The review team will also make any other observations as might be necessary,

including making recommendations to the Scottish Government on matters relevant to corporate governance in NHS Scotland more widely.

Methodology

A.12 The review will bring together a range of evidence from a variety of sources

including but not limited to:

- Discussion and engagement individually and collectively with all current Non-Executive, Executive, and Stakeholder Board Members
- Discussion and engagement individually and collectively with the members of the Executive Leadership Team and with other stakeholders in NHSFV as might be necessary to understand the wider context
- Observation at Board meetings, Standing Committees, Executive Leadership Team Meetings, Board development sessions and other opportunities as might arise
- Desk-based documentary analysis including but not restricted to, standing orders, code of conduct, standing financial instructions, scheme of delegation, integration schemes, agendas, minutes and papers, and the NHS Board's annual cycle of business
- Evaluation of the NHSFV Board's response to any previous self-assessment or external reviews of the effectiveness of governance arrangements in NHSFV, including any reports produced by internal or external auditors in respect of governance and control systems in the organisation
- Comparisons of corporate governance arrangements in other organisations as considered appropriate.

Timescales

A.13 The review will commence by the end of January 2023 with an interim report to be submitted to the NHSFV Board and the Scottish Government Assurance Board by 30 May 2023.

A.14 A final report will be submitted to the NHSFV Board and the Scottish Government Assurance Board by 30 June 2023.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Review Team

A.15 The review will be conducted by Professor John Brown CBE and Mrs Susan Walsh

OBE and the necessary administrative support will be provided by NHSFV.

A.16 Any further support and expertise required by the review team will co-opted as

necessary.

A.17 The costs associated with the completion of the governance review will be met by

NHSFV.

Review Outcomes

A.18 Having considered the findings and recommendations highlighted by the

governance review, including the improvement activities required to ensure an active and collaborative approach to delivering good governance, the NHSFV Board and Executive Leadership will design and implement a bespoke programme of activities to address the issues and risks identified by the review team.

A.19 The activities included in the governance development programme will focus on the delivery of the Principles of Good Governance and be described in terms of enhancements to the enablers and delivery systems in the Blueprint for Good Governance.

A.20 The governance development programme will be included in the overarching

NHSFV Improvement Plan and the activities in the development programme will be aligned with the other actions included in the Improvement Plan that address issues and concerns around leadership and culture.

A.21 The governance development programme will be published and progress regularly

assessed by the NHSFV Board and the Scottish Government's Assurance Board. It will form part of the evidence being considered when NHSFV's position is reviewed against the NHS Scotland Performance Management Framework.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Appendix B

Stakeholder Interviews

B.1 The review team held discussions with a range of key stakeholders in NHSFV. This included members of the NHSFV Board, the Executive Leadership Team and other senior managers who are directly involved in the delivery of the NHSFV governance systems.

B.2 The review team also met with external stakeholders who have an interest and impact on the governance of NHSFV. This included the NHSFV internal and external auditors.

B.3

These discussions were structured around the functions and enablers described in the NHS Scotland Blueprint for Good governance and focussed on the NHSFV Board and Executive Leadership Team's contribution to the delivery of active and collaborative governance.

B.4

The Chatham House Rule was applied to the discussions and the review team has been impressed by the open and honest approach that has been adopted by those interviewed. This has enabled the reviewers to form a view of how the NHSFV Board and Executive Leadership Team see their individual and collective contributions to the governance of the organisation.

B.5

The programme of one to one interviews was undertaken from 24 February 2023 to 11 July 2023 and the following individuals were interviewed:

- Carole Beattie - Chief Executive, Stirling Council
- Jonathan Best - Acting Director of Acute Services, NHSFV
- Annemargaret Black - IJB Chief Officer & Director of Clackmannanshire and Stirling Health & Social Care Partnership
- Nikki Bridle - Chief Executive, Clackmannanshire Council
- Elsbeth Campbell - Head of Communications, NHSFV
- Kirstin Cassells - Non-Executive Board Member, NHSFV and Chair of the Area Clinical Forum
- Patricia Cassidy - IJB Chief Officer and Director of Falkirk Health & Social Care Partnership
- Dr Jennifer Champion - Acting Director of Public Health, NHSFV
- Robert Clark - Stakeholder Non-Executive Board Member and Employee Director, NHSFV
- Fiona Collie - Stakeholder Non-Executive Board Member, NHSFV and Falkirk Council Representative
- Cathie Cowan - Executive Board Member and Chief Executive, NHSFV

Frances Dodd - Executive Board Member and Executive Director of Nursing, NHSFV

- Linda Donaldson - Director of Human Resources, NHSFV
- Martin Fairbairn - Publicly Appointed Non-Executive Board Member, NHSFV
- Dr Graham Foster - Executive Board Member and Director of Public Health and Strategic Planning, NHSFV

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

- Janette Fraser - Head of Planning, NHSFV
- Tony Gaskin - Chief Internal Auditor, FTF
- Sinead Hamill - Board Secretary, NHSFV
- Wendy Hamilton - Stakeholder Non-Executive Board Member and Clackmannanshire Council Representative
- Sarah Hughes-Jones - Head of Information Governance, NHSFV
- Gordon Johnston - Publicly Appointed Non-Executive Board Member and Whistleblowing Champion
- Pat Kenny - External Auditor, Deloitte UK
- Kenneth Lawrie - Chief Executive, Falkirk Council
- Jocelyn Lyall - Regional Internal Audit Manager, FTF
- Kerry MacKenzie - Head of Policy & Performance, NHSFV
- Sara MacKenzie - Corporate Risk Manager, NHSFV
- Stephen McAllister - Publicly Appointed Non-Executive Board Member
- Michele McClung - Publicly Appointed Non-Executive Board Member
- Janie McCusker - Publicly Appointed Non-Executive Board Chair
- Viv Meldrum - Head of Information Services, NHSFV
- Gillian Morton - Director of Corporate Portfolio Management Office, Women and Children's, Head of Midwifery, NHSFV
- Dr Andrew Murray - Executive Board Member and Medical Director, NHSFV
- Jonathan Proctor - Director of Facilities and Infrastructure, NHSFV

Allan Rennie - Publicly Appointed Non-Executive Board Member and NHSFV Board Vice-Chair

- John Stuart - Publicly Appointed Non-Executive Director
- Scott Urquhart - Executive Board Member and Director of Finance
- Karlyn Watt - External Auditor, Deloitte UK

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Appendix C

Observations at Meetings

C.1 The review team attended a wide range of meetings critical to the effective governance of NHSFV. These included:

- Closed NHSFV Board Session on 31 January 2023
- NHSFV Board meeting on 31 January 2023
- Executive Leadership Team meeting on 8 February 2023
- Clinical Governance Committee meeting on 1 February 2023
- Executive Leadership Team meeting on 1 March 2023
- Staff Governance Committee meeting on 15 March 2023
- Audit and Risk Committee meeting on 24 March 2023
- Performance and Resources Committee meeting on 28 April 2023
- NHSFV Board meeting on 30 May 2023
- Executive Leadership Team meeting on 3 July 2023.

C.2 The reviewers also observed at Board Development sessions on 8 February 2023, 14 February 2023 and 11 April 2023, and attended the Scottish Government's Assurance Board meetings on 22 February 2023, 11 April 2023 and 16 May 2023.

C.3 This aspect of the review provided the review team with opportunities to see how the governance system is delivered and enabled them to observe the NHSFV Board Members and the Executive Leadership Team behave and interact with each other. This has helped the reviewers assess and validate some of the evidence gained through the one to one discussions with stakeholders.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Appendix D

Desk-based Analysis

D.1 This third strand of the governance review involves analysis and commentary on the operating guidance and the documents produced in support of the governance of NHSFV.

D.2 The desk-based analysis has assisted the review team in assessing the overall assurance framework and integrated governance system in place in NHSFV and included examination of the following documents:

- Standing Orders
- Scheme of Delegation
- Integration Schemes
- Standing Financial Instructions
- Terms of Reference for Board Standing Committees
- NHSFV Board’s Annual Cycle of Business
- Standing Committees’ Annual Cycle of Business
- Membership of Board and Standing Committees
- Board Members’ Skills Matrix and Board Members’ Periods of Tenure
- Board Members’ Induction Programme
- Code of Conduct for Board Members
- Board agendas, minutes and associated papers
- Standing Committee agendas, minutes and associated papers
- Executive Leadership Team agendas, minutes and associated papers
- NHSFV Healthcare Strategy
- NHSFV Quality strategy

 NHSFV Annual Delivery Plan NHSFV Emergency Department Review NHSFV iMatter Report

 Scottish Patient Safety Programme - Board Members Visiting Programme Corporate Risk Register

 Internal Audit plan

 Internal Audit reports.

D.3 The reviewers also considered the various papers submitted by the Executive

Leadership Team to the Scottish Government’s Assurance Board, including the NHSFV Improvement Plan.

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Appendix E

Recommendations

Diversity, Skills and Experience

E1. To address the lack of diversity at Board level, the NHSFV Board Chair should

> consult with the Scottish Government's Public Appointments Team on what action can be taken to recruit the next tranche of Board Members from those communities currently underrepresented on the NHSFV Board. (Para 4.24)

E2. Similar action should be taken by the NHS Chief Executive and Director of Human

> Resources to determine and address the underlying reasons for a lack of representation of people with protected characteristics at senior management level in NHSFV. (Para 4.25)

E3. The NHSFV induction programme should be reviewed by the NHS Board Chair and

> Board Secretary. This review should include the locally delivered induction training and the take-up by Board Members of the range of training material provided by NHS Education for Scotland. (Para 4.26)

E4. The NHSFV Board Secretary should include details of Board Members' skills, experience, areas of specific expertise, and periods of tenure in the induction pack for new Members. (Para 4.27)

E5. The NHSFV Board Chair should consider the extent to which the NHSFV Board requires additional expertise in primary care, transformational change management, digital and information technology, and customer relationship management. The Chair should also consider how best to support informed decision-making in these areas whilst these skills are absent from the NHSFV Board. (Para 4.28)

E6. The NHSFV Board should consider introducing a comprehensive programme of on-going development opportunities for Board Members that is not limited to Development Seminars and is transparently under-pinned by the outcomes of the annual appraisal of Board Members and focussed on the advice, guidance and best practice described in the Blueprint for Good Governance. (Para 4.29)

E7. The NHSFV Board Chair should also consider the extent to which NHSFV has exploited the potential of mentoring of Board Members by utilising the expertise and experience available through the NHS Education for Scotland mentoring programme. Encouraging take-up of this opportunity by Board Members would provide another but tailored opportunity to develop the skills of individuals on the NHSFV Board. (Para 4.30)

E8. To support its efforts to improve diversity, skills and experience at Board level, the NHSFV Board should consider the value of having a Succession Planning Policy and establishing a Succession Planning Committee. (Para 4.31)

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Roles, Responsibilities and Accountabilities

E9. When considering the outcome of the joint review of the implementation of the

> integration of health and social care in the Forth Valley area, the NHSFV Board and the Scottish Government should ensure that any changes in the governance or operational management arrangements do not adversely impact on the governance of the end-to-end healthcare system. (Para 4.49)

E10. In particular, the NHSFV Board should discuss and agree structures, processes and

> systems of accountability, including management and governance of partnerships, shared services, collaborations and joint working arrangements to ensure effective and efficient delivery of high-quality health and social care throughout NHSFV. (Para 4.50)

E11. The NHSFV Chief Executive should review and clarify organisational, clinical and

> administrative structures and ensure these are disseminated to the workforce and to partner organisations where relevant. (Para 4.51)

E12. The NHSFV Chief Executive should also review the approach to replacing staff to

> ensure clarity on roles and responsibilities are reflected in active organograms and made widely available to the workforce. (Para 4.52)

E13. The purpose and membership of the NHSFV Corporate Management Team should be consulted upon and refreshed to ensure all the workforce have a transparent route to the NHSFV Executive Leadership Team, are aware of the organisational structure and their own and others' roles, responsibilities and accountabilities. (Para 4.53)

E14. The NHSFV Board Chair and Chief Executive should review the advisory and

administrative needs of the Chair, the NHSFV Board, Standing Committees, Executive Leadership Team and Corporate Management Team to ensure adequate and efficient administrative support arrangements are in place. (Para 4.54)

Values, Relationships and Behaviours

E15. The NHSV Board should review the impact of their decision to adopt and promote a

local set organisational values alongside the NHS Scotland values that already apply to the workforce. (Para 4.75)

E16. The NHSFV Board Chair should consider arranging a Board Development Session,

facilitated by an experienced governance expert, to explore how best to optimise Board Members' contributions to Board and Standing Committee meetings. (Para 4.76)

E17. While NHSFV Board Members should have the opportunity to assist the NHSFV Board Chair in identifying the areas where improvement is required, the Development Session should, as a minimum, consider the following issues:

- The Board Members’ contribution to setting the NHSFV Board and the Integration Joint Boards’ agendas
- The approach adopted by Board Members to raising concerns and challenge appropriately in order to be assured and adopt a more active and collaborative approach to the governance of health and social care
- The potential benefits from the introduction of a Board Protocol along the lines suggested in the Blueprint for Good Governance
- The effectiveness of the current training available in providing Board Members with the skills necessary to ensure best use is made of the time and contribution of individual Board Members. (Para 4.77)

E18. The NHSFV Board Chair should introduce a programme of 1:1 meetings with all executive, publicly appointed and stakeholder Board Members. The NHSFV Board Chair should also regularly meet informally with those Executive Leadership Team Members who are not also NHSFV Board Members. This should be viewed as an opportunity to share concerns, improve transparency and develop effective relationships. (Para 4.78)

E19. Although making specific recommendations around the organisational culture in

NHSFV is outwith the scope of this review, the NHSFV Board Chair should ensure the findings of this report are available to the people responsible for addressing the issues around leadership and culture that influenced the escalation of NHSFV to Stage Four of the Performance Management Framework. (Para 4.79)

E20. The NHS Board Chair should also make this report available to the people

reviewing the implementation of health and social care in Forth Valley and the Local Authority Leaders and Chief Executives of Falkirk, Stirling and Clackmannanshire Councils and the Members of the Integration Joint Boards should be invited to discuss how they can work collaboratively to better define the direction for the devolved functions. (Para 4.80)

Assurance Framework

E21. The NHSFV Boards should commission work to establish or confirm the

connections, alignment and dependencies between the component parts that make up an assurance framework. The output from this initiative should be a comprehensive assurance framework that supports the NHSFV and Standing Committees in delivering good governance at all levels of the governance system. (Para 5.17)

E22. The assurance framework developed by the NHSFV Board should reflect a collaborative approach to the delivery of health and social care across Forth Valley and should be widely shared and communicated to the relevant stakeholders. (Para 5.18)

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Integrated Governance System

E23. The NHSFV Board should ensure that all new strategic and commissioning plans

> follow the guidance set out in the Second Edition of the Blueprint for Good Governance published by the Scottish Government in December 2022. (Para 5.53)

E24. Consideration should be given to identifying strategic plans already approved by the

> NHSFV Board and the NHSFV Board should decide which, if any, of these plans require to be updated to better align them with the best practice described in the Blueprint for Good Governance. (Para 5.54)

E25. To ensure early and in-depth scrutiny by Board Members before strategic plans are

> approved, the NHSFV Board should put in place a strategic planning cycle that clearly indicates where and when the NHSFV Board is involved in considering options, assessing risks, giving approval and thereafter in monitoring delivery of the NHS Board's strategic plans. To facilitate this approach, a strategic planning framework should be maintained. (Para 5.55)

E26. For each of the strategic and commissioning plans, the strategic planning

> framework should describe the period covered and the corporate objectives addressed by the plan. It should also identify the stakeholders consulted, the author, the approver and the date approved. Details of the reporting arrangements and the expected date of the next

review by Board Members should also form part of the framework. (Para 5.56)

E27. When approving new or reviewing earlier strategic and commissioning plans

NHSFCV Board members should seek assurance that any risks identified as part of the planning process are also reflected in the NHSFV risk management system.at the appropriate level. The NHSFV Board should also consider how risk and performance reporting are appropriately linked. (Para 5.57)

E28. The NHSFV Board should ensure that understanding of risk identification and

management is appropriately shared at all levels throughout the organisation. (Para 5.58)

E29. The NHSFV Board should commission work to review and refresh the current

information flows to the NHSFV Board and its Standing Committees. The outcome of this work should be a revised assurance information system based on the best practice described in the Blueprint for Good Governance. (Para 5.59)

E30. The revised assurance information system should include functionality that ensures

the NHSFV receives regular updates on visits, reviews and recommendations by regulatory bodies and provides assurance that the appropriate response is in place. (Para 5.60)

E31. The NHSFV Board should ensure the revised assurance information system should

also report on peoples' lived experience of NHSFV services in conjunction with the other performance data and information on service delivery. (Para 5.61)

E32. The NHSFV Audit and Risk Committee should ensure that the improvements in the timeous action of Internal Audit recommendations are maintained. (Para 5.62)

Operating Guidance

E33. Given the concerns expressed by stakeholders around the implementation of the integration of health and social care services across Forth Valley, the work to refresh the Integration Schemes should be prioritised by NHSFV. This requires full engagement with Falkirk Council, Stirling Council and Clackmannanshire Council. (para 5.70)

E34. In completing the updating of the Integration Schemes, it will be important to ensure full consultation and open discussions takes place with all the key stakeholders around the options to refresh the existing Schemes. Due regard should also be given to the governance review of the healthcare system and the other reviews commissioned by the NHSFV Board and the Scottish Government that make reference to the integration of health and social care services. (Para 5.71)

E35. The NHSFV Board Secretary should consider arranging specific training on the best practice in minute writing for the administrative staff involved in this work. (Para 5.72)

E36. The chairs of the various governance committees, including the Executive

Leadership Team meetings should take steps to ensure that all agreed actions are recorded and when these actions are taken they are recorded in the minutes or in action logs. (Para 5.73)

Active Governance

E37. The NHSFV Board Chair should discuss with the Standing Committee chairs how to

ensure that governance meeting agendas focus on all the challenges facing the NHS Board, including those potentially difficult issues involving relationships and behaviours at senior leadership levels in NHSFV. (Para 6.27)

E38. The Remuneration Committee should review their approach to the annual appraisal

process of the Chief Executive and Executive Leadership Team to ensure it accurately reflects performance and is equitably applied. The NHSFV Board Chair should consider inviting NHS Education for Scotland to deliver their workshop on creating an effective Remuneration Committee to all Board Members. (Para 6.28)

E39. The NHSFV Board Chair should also consider inviting NHS Education for Scotland

to repeat the workshop on Active Governance with particular emphasis on the importance of developing an assurance information system that meets the needs of the Board Members and supports them in delivering active governance. (Para 6.29)

Collaborative Governance

E40. The NHSFV Board should commission work to review the NHSFV Board and the

Executive Team’s approach to engaging with the key players in the delivery of healthcare services across the Forth Valley area. This work should be separate from any other more general engagement strategy and focus specifically on the involvement of NHSFV Board and Executive Leadership Team members in external stakeholder engagement and collaborative working. Consideration should be given to this work being completed by an external expert. (Para 6.42)

E41. The NHSFV Board Chair and Chief Executive should consider what actions are necessary to strengthen and improve relationships with key stakeholders, particularly within the Local Authorities and Integration Joint Boards. (Para 6.43)

E42. The NHSFV Board should review its role in the existing approach to engagement and communications with the full range stakeholders including, the public, the NHSFV workforce, the Scottish Government, the Local Authorities, and the other stakeholders identified as critical to the successful delivery of the NHSFV purpose, aims and corporate objectives. (Para 6.44)

E43. Consideration should be given by the NHSFV Board to supporting the workforce in their understanding of good governance and its contribution to the success of the organisation. This should include highlighting how the workforce can seek support from the NHSFV Board Members regarding concerns over emerging issues. The role of the Whistleblowing Champion should be included in any communications on this subject.

Further Evaluation

E44. The NHSFV Board should consider how any weaknesses in the governance arrangements identified by the NHS Board Chair through the individual performance appraisal systems can be addressed. This should include consideration of any issues that were identified by the Scottish Government as part of their performance appraisal of the NHS Board Chair. (Para 7.6)

E45. The NHSFV Board should undertake a self-assessment exercise to review their effectiveness, identifying any new and emerging issues or concerns. The review team understands that the NHSFV Board has already commissioned consultancy support and facilitation for the self-assessment exercise. (Para 7.7)

E46. The NHSFV Board should consider the implications for the governance arrangement of any recommendations that arise from the work being undertaken to assess the leadership and culture of the organisation and the changes required to the delivery of integrated health and social care services. (Para 7.8)

E47. After critically examining this report, the analysis of the Board Members' performance appraisals, the findings of the self-assessment exercise, and the outcomes of the work on leadership, culture, and service integration, the NHSFV Board should use this information as the baseline and driver for its improvement and development activities. (Para 7.9)

Continuous Improvement

E48. The NHSFV Board should commission a development programme based on the

Blueprint for Good Governance that ensures the organisation learns from the latest evaluation of governance arrangements in NHSFV and adopts a continuous improvement approach to delivering active and collaborative governance across the health and social care system. (Para 7.14)

E49. When designing the NHSFV development programme, the NHSFV Board should

take into account the revisions to the NHS Scotland Performance Framework in relation to the territorial NHS Boards, published by the Scottish Government in September 2023. (Para 7.15)

E50. The NHSFV Board should determine the oversight and reporting arrangements for

the development programme and include regular reviews of progress in the NHSFV Board's annual cycle of business. (Para 7.16)

E51. The NHSFV development programme should be presented to the Scottish

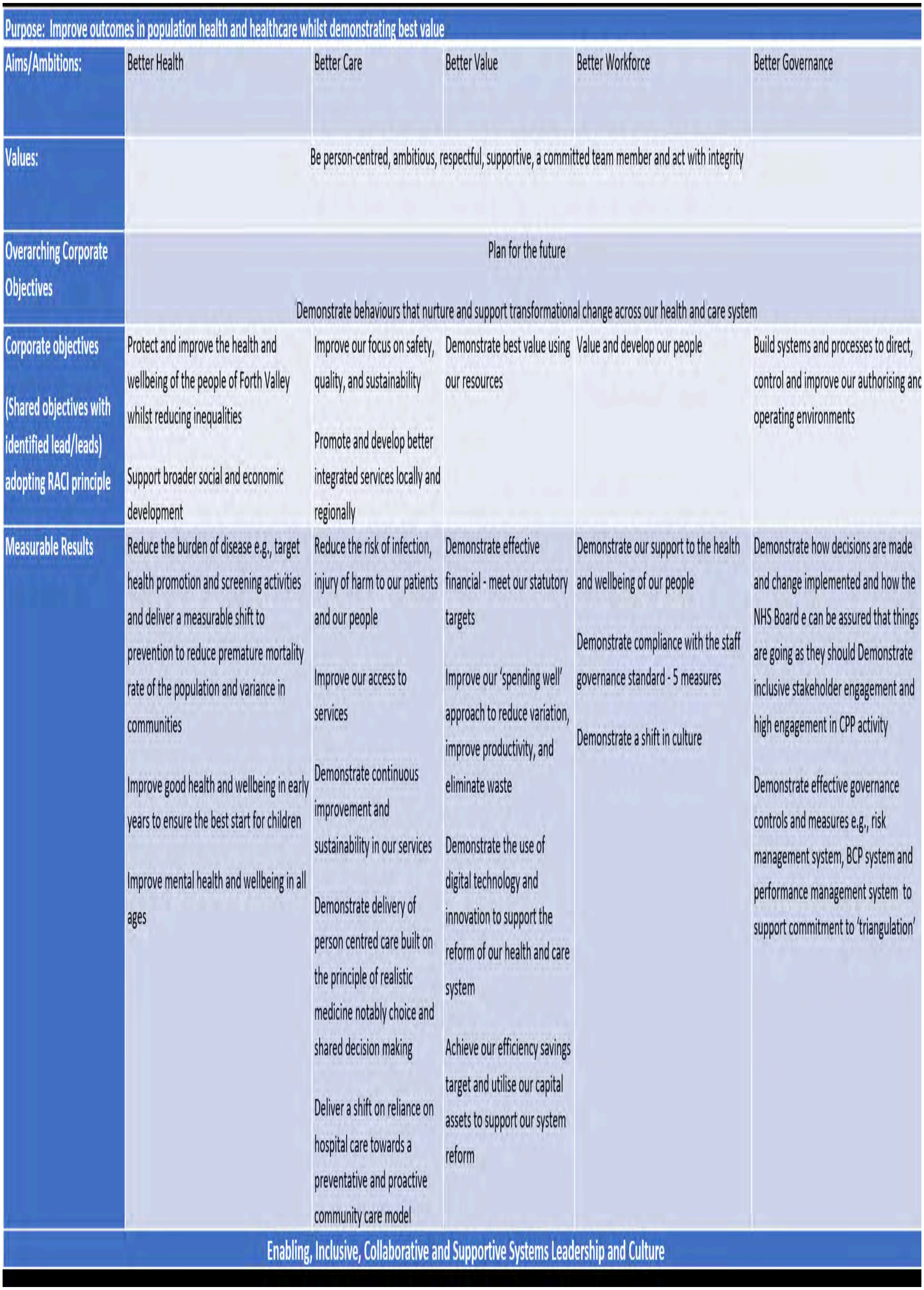
Government's Assurance Board as part of the evidence being scrutinised when they consider de-escalation from Stage Four of the NHS Scotland Performance Management Framework. (Para 7.17)

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

Appendix F

Corporate Statements



Purpose: Improve outcomes in population health and healthcare whilst demonstrating best value					
Aims/Ambitions:	Better Health	Better Care	Better Value	Better Workforce	Better Governance
Values:	Be person-centred, ambitious, respectful, supportive, a committed team member and act with integrity				
Overarching Corporate Objectives	Plan for the future Demonstrate behaviours that nurture and support transformational change across our health and care system				
Corporate objectives **(Shared objectives with identified lead/leads) adopting RACI principle**	Protect and improve the health and wellbeing of the people of Forth Valley whilst reducing inequalities Support broader social and economic development	Improve our focus on safety, quality, and sustainability Promote and develop better integrated services locally and regionally	Demonstrate best value using our resources	Value and develop our people	Build systems and processes to direct, control and improve our authorising anc operating environments
Measurable Results	Reduce the burden of disease e.g., target health promotion and screening activities and deliver a measurable shift to prevention to reduce premature mortality rate of the population and variance in communities Improve good health and wellbeing in early years to ensure the best start for children Improve mental health and wellbeing in all ages	Reduce the risk of infection, injury of harm to our patients and our people Improve our access to services Demonstrate continuous improvement and sustainability in our services Demonstrate delivery of person centred care built on the principle of realistic medicine notably choice and shared decision making Deliver a shift on reliance on hospital care towards a preventative and proactive community care model	Demonstrate effective financial - meet our statutory targets Improve our 'spending well' approach to reduce variation, improve productivity, and eliminate waste Demonstrate the use of digital technology and innovation to support the reform of our health and care system Achieve our efficiency savings target and utilise our capital assets to support our system reform	Demonstrate our support to the health and wellbeing of our people Demonstrate compliance with the staff governance standard - 5 measures Demonstrate a shift in culture	Demonstrate how decisions are made and change implemented and how the NHS Board e can be assured that things are going as they should Demonstrate inclusive stakeholder engagement and high engagement in CPP activity Demonstrate effective governance controls and measures e.g., risk management system, BCP system and performance management system to support commitment to 'triangulation'
Enabling, Inclusive, Collaborative and Supportive Systems Leadership and Culture					

NHS Forth Valley Corporate Governance Review

Final Report – October 2023

NHS Forth Valley

Corporate Governance Review

Final Report

October 2023

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

6.2 Strategic Risk Register

For Approval

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Mr Alastair Jack, Risk Management Advisor

Executive Summary

Effective Risk Management is a fundamental cornerstone of good Corporate Governance and Internal Control and is an essential component in the delivery of the NHS Board's corporate objectives.

The Board of NHS Forth Valley is corporately responsible for ensuring that significant risks are adequately controlled.

The enclosed report presents an update to the Strategic Risk Register for Quarter 1 and Quarter 2, 2023/24.

Recommendation

The NHS Board is asked to: -

- **consider** the assurance provided regarding the effective management and escalation of Strategic Risks

- **approve** the proposed changes to the Strategic Risk Register for Quarter 1 and

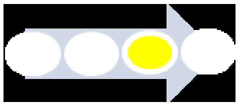
  Quarter 2 2023/24

Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

controls with minorfrequently but with evidence



weaknesses present. of non-compliance.

A Reasonable level of assurance is proposed with the paper and appendices providing assurance on the performance of the risk management processes related to Strategic Risks.

Key Issues to be Considered.

Since the previous review of the Strategic Risk Register presented to the Board in July, the following changes have been made:

SRR003 Information Governance – reduced from 16 to 12 and is now back within risk tolerance.

SRR004 Scheduled Care – reduced from 20 to 15 and has moved back within risk tolerance.

SRR017 Environmental Sustainability and Climate Change – reduced from 20 to 16 and has reduced back within risk appetite.

If these changes are approved by the NHS Board, the Strategic Risk Register will comprise a total of 13 x risks, 6 x Very High Risks, 7 x High Risks which is an improvement on the previous position.

All strategic risks continue to be frequently reviewed and updated. The following 6 x Deep Dive Assurance Reviews took place during the Q1 and Q2 review periods:

SRR010 Estates and Supporting Infrastructure – presented to the Performance and Resources Committee with an assessment of reasonable assurance.

SRR004 Scheduled Care - presented to the Clinical Governance Committee with an assessment of reasonable assurance.

SRR017 Environmental Sustainability and Climate Change – presented to the Performance and Resources Committee with an assessment of reasonable assurance.

SRR009 Workforce Plans - a revisit of the deep dive originally conducted in March was presented to the September Staff Governance Committee. There was no change to the initial assessment of Limited Assurance, however there was some progress with controls, and one of the internal controls was assessed to have increased in effectiveness from partially to mostly effective.

SRR005 Financial Sustainability a revisit of the deep dive originally conducted in April was presented to the October Performance and Resources Committee. There has been a notable increase in the control environment since April however the assessments remain as partially effective. The overall level of assurance remains limited around our ability to mitigate against external factors, and reasonable in relation to our internal control environment.

SRR 003 Information Governance - presented to the Performance and Resources Committee with an assessment of reasonable assurance.

Hot Spots and Emerging Risks

SRR 018 Primary Care Sustainability It is possible we may see an increase in risk score as a result of the ongoing challenges around enhanced services and the implementation of PCIP.

As a mitigation and for assurance this risk is reviewed monthly with both the Risk Lead and at the GP Sustainability Group.

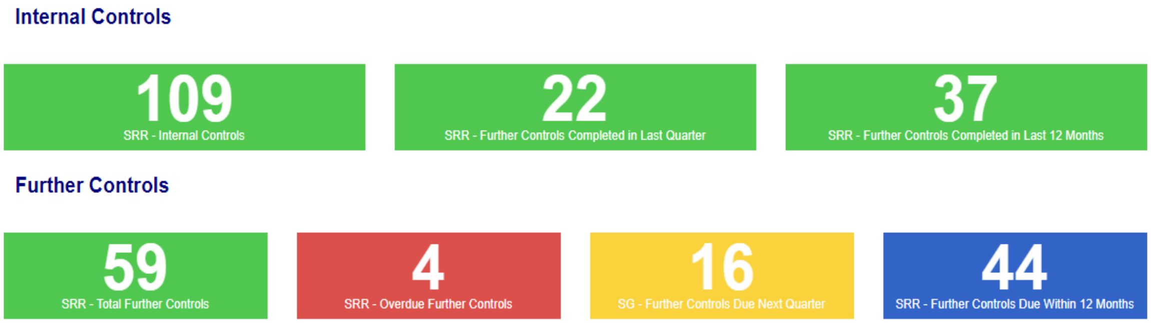
SRR 017 Environmental Sustainability and Climate Change Changes to the Scottish Government's grant funding for energy projects might impact on this risk due to grant funding.

As a mitigation and for assurance we will continue to monitor the risk every two months despite the risk currently being back in Appetite and on a 6-month review cycle.

SRR019 Culture and Leadership It is anticipated that the output from the focus groups could lead to a possible increase in risk score.

Prevention and Health Inequalities A new strategic risk is in draft around this key area and may encompass the Healthcare strategy as a control measure.

Risk Controls Progress Update



Internal Controls

109
SRR - Internal Controls

22
SRR - Further Controls Completed in Last Quarter

37
SRR - Further Controls Completed in Last 12 Months

Further Controls

59
SRR - Total Further Controls

4
SRR - Overdue Further Controls

16
SG - Further Controls Due Next Quarter

44
SRR - Further Controls Due Within 12 Months

At the end of Q2 there were 4 overdue controls. However, there are a number of actions which have target dates of 30th September and therefore will go out of date. These primarily relate to the Out of Hours Service risk, so work will be undertaken to complete these controls or review them and extend the target dates.

Risk Appetite Profile - Strategic Risks

23/4 38.5% 53.8% Q2

23/4 38.5% 61.5% Q1

22/3 38.5% 61.5% Q4

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

In Appetite In Tolerance Out of Tolerance

The risk appetite profile changed in Q2, due to the reduction in **SRR 004** Scheduled Care which brings it back within tolerance and the reduction in **SRR 017** Environmental

Sustainability and Climate Change which brings it back within appetite. This was approved by the Performance and Resources Committee in October 2023.

Appendix 1 details the Strategic Risk Register.

Implications

Financial Implications

There are no financial implications associated with this paper, however effective risk management should reduce uncertainties around capital and revenue budgets. The NHS Forth Valley Risk Assessment matrix includes a category describing financial impacts.

Workforce Implications

There are no workforce implications associated with this paper, however effective risk management should support staff resources, health and wellbeing, with the NHS Forth Valley Risk Assessment matrix including a category considering impacts to staffing, competence and wellbeing, and injury/illness to staff.

Infrastructure Implications including Digital.

There are no infrastructure/digital implications associated with this paper.

Sustainability Implications

There are no sustainability implications associated with this paper. The NHS Forth Valley Risk Assessment matrix includes a category describing Environmental Sustainability and Climate Change impacts.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

☐ *Yes*

☐ ☐ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

There are no quality/patient care implications associated with this paper, however effective risk management supports the provision of quality patient care, with the NHS Forth Valley Risk Assessment matrix containing impact categories relating to Patient Harm and Patient Experience.

Information Governance Implications

There are no Information Governance implications associated with this paper.

Risk Assessment / Management

Risk is the subject of the paper.

Relevance to Strategic Priorities

Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation

Risk reviews were conducted with Risk Owners and/or Risk Leads.

Audit and Risk Committee - 20 October 2023

Staff Governance Committee - 15 September 2023

Clinical Governance Committee - 05 September 2023

Performance and Resources Committee - 31 October 2023

Additional Information

N/A

Appendices

- Appendix 1: Strategic Risk Register

Appendix 2 - Strategic Risk Register

Generated on: October 2023

Ref ID Date Risk Title Risk Description Risk Untreated Current Controls In Place Current Current Further Controls Required Further Controls Original Due Further Controls Progress Target Last Review Review Notes Risk Owner Risk Lead

Category Score Score Risk Owner Date Target Date Score Date Description Trend

▬

SRR Financial If our recurring budget is not Financial 25 Minimise Medicines Spending: 25 Commission internal audit Scott 28-Feb-23 31-Oct-23 80% 9 04-Oct-23 Deep dive re-visit was Scott Jillian 005 Sustaina sufficient to meet the recurring - Savings Plan for Primary review of financial Urquhart conducted at this review, with Urquhart Thomson

▬

bility cost base there is a risk there Care Medicines sustainability. This will be new internal controls added -

will be an increasing recurring - Savings Plan for Acute undertaken in 2 phases with a Financial Recovery Plan (with gap in our finances, resulting Medicines focus on core financial and a focus on Acute), Assurance in an inability to achieve and budgetary controls and how and Improvement Plan - maintain financial these controls link to cost addition of Cost Improvement sustainability, and a improvement plans being and Value section, and the detrimental impact on developed and implemented. action in relation to the Cost current/future service Planned start date of 1 Awareness Programme has provision. September 2022. been marked as completed

and added as an internal

control. The existing controls

Minimise Premium Spending have been reassessed for Ensuring appropriate cost Jillian 31-Mar-24 31-Mar-24 20% (Bank/Agency): effectiveness, however the recovery mechanisms are in Thomson; - Align Financial Plans with assessments remain as place, for clinical activity taking Scott Workforce Plans. partially effective. Criticality place in other health boards. Urquhart- Off-framework contract assessments have been made usage for supplementary staff on the new controls. The has ceased overall level of assurance - Reduce: remains limited around our • Absences ability to mitigate against • Vacancies external factors, and

reasonable in relation to our

Reduce usage of Contingency internal control environment. A

Structured Savings Plans place with the Scottish Government, with a view to Communications programme Beds Q2 update meeting is to take

around "spending well" - staff providing assurance that all steps are being taken to suggestions on cost improve the financial position, improvement schemes but also to see assurances submitted via the intranet. around anticipated funding

allocations.

Cost Awareness Programme -

Finance team engaging with

clinical teams, running

clinically led sessions to raise

financial awareness, working

with individual teams around

how much things cost in their area to increase understanding of their cost base, and that they understand the level of financial pressure that we are going in to.

Financial Recovery Plan - this is mainly focused on the Acute directorate budget which is continually overspent - Plan sets out clear targets, rationale for actions and a week by week plan to demonstrate progress.

Assurance and Improvement Plan - Financial section to be added re Cost Improvement and Value, in addition to Culture, Governance and Leadership.

SRR 22-Jan-19 Estates If a whole system, Service 25 NHS Board capital plan 20 **ABSOLUTELY CRITICAL** - Morag 30-Jun-23 31-Mar-24 25% 6 29-Sep-23 Discussion continues in Jonathan Morag 010 & multidisciplinary approach is Delivery outlining prioritisation and Primary Care Premises Farquhar relation to resource for the Procter Farquhar

Supporti not applied, there is a risk that /Busines funding for Infrastructure Programme: Outline Business OBC. Latest discussion with ng we will not make best use of s developments Case for Locality Project 1 SG indicates that they may Infrastruc available capital and revenue (Stirling and outlying areas). fund external fees but not Interrupt

ture funding, via prioritisation and This will be a phased process internal post costs. A further ion

allocation, to fully proceed with with FBC to follow. paper is being developed for existing Estates and ELT to move forward Infrastructure plans, make new Operational condition of estate **ABSOLUTELY CRITICAL -** Morag 01-Jul-25 01-Jul-25 0% discussion on the internal development plans, or regularly assessed and Development of whole system Farquhar costs to allow the resourcing maintain and enhance the monitored through the Estates plan to be funded and move action plan which is in effect a existing estate. This will result Asset Management System. Programme Initial Agreement the OBC forward. The in an inability to maintain and programme may require and will set out proposals on a develop a suitable system-side basis for asset review in relation completion. environment for modern and investment to facilitate the sustainable services. achievement of strategic plans There has not been any formal

(will include FCH and the guidance issued by SG in remainder of Primary Care). relation to the development of

Whole System Plans. This and

resourcing will be discussed at

the Programme Board in

Rolling estate survey September 2023. programme carried out within

5 year cycle

Regular reviews with PPP

partners for FVRH, SHCV,

CCHC and planned

preventative maintenance

programmes in force including

‘Blackstart’.

Compliance group established

which reports to Infrastructure

Programme Board, Health &

Safety Committee, Area

Prevention & Control of

Infection

Revenue and Capital budget

planning process in place for

Estates

Horizon scanning – keeping

on top of latest developments

in Estates Management,

changes in guidance, awareness of national position re capital funding (through membership of national groups).

SCART - Statutory Compliance Audit and Risk Tool

Whole System Plan setting out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans.

Estates and Capital Planning

Service Delivery

SRR Cyber If NHS Forth Valley does not Service 25 Cyber Resilience Framework - 20 **IMPORTANT,** Sarah 31-Dec-21 31-Mar-24 50% 16 03-Oct-23 Updates to actions: Andrew Douglas 015 Resilienc build and maintain effective Delivery includes 432 controls **PREVENTATIVE** - Cyber Hughes-Murray; Grant;

e cyber resilience, there is a risk /Busines designed to support faster Security Awareness and Jones Business Continuity Plans - Jonathan Sarah that the cyber security of the s recover, lower disruption and Training - Continuous List has been compiled of Procter Hughes-organisation may be reduce data loss. improvements and monitoring systems owners. Head of IT is Jones; Interrupt

compromised, resulting in of our awareness material and to meet with the system Scott ion

disruption to our ICT systems training for all staff. This owners to sign off the Jaffray and service delivery. includes a high level of business continuity operational Increased Cyber risk as compliance with the level agreements (OLAs). reported by National Cyber mandatory nature of Cyber Competent authorities (NCSC, Awareness training. Cyber Security Awareness and SG Cyber Unit) Training - Cyber Security

Digital and eHealth Strategy - Manager is aligning the cyber **ABSOLUTELY CRITICAL,** Sarah 31-Mar-23 30-Nov-23 15% includes cyber resilience sub- security awareness and **PREVENTATIVE CONTROL** - Hughes-strategy aimed at lowering training to the SANS maturity Our reliance on suppliers is Jones impact of incidents. model. This will allow us to better understood with a

degree of assurance benchmark our level of especially around our critical maturity, and set a realistic suppliers processes, policies and achievable action plan to and people. progress our cyber maturity.

NIS Audit Recommendations **ABSOLUTELY CRITICAL,** 31-Mar-24 31-Mar-24 25% are specific recommendations **CONTINGENCY CONTROL -** from the auditor to help the Business Continuity Plans – Health Board prioritise based Embedding and testing - on risk exposure. BCPs should be widely known,

u
n
d
e
r
s
t

ood, and regularly tested for effectivenes s.

Change Management within **VERY IMPORTANT,** 31-Mar-24 31-Mar-24 10% the organisation is supported **PREVENTATIVE** - through rigorous process and Gatekeeping process for third scrutiny by the Technical party access - Third parties Steering Group and Change (Charities, suppliers etc) have Advisory Board. an agreed, securely managed

route into our infrastru

cture which the Health Board controls. Re viewofcyberrolesto31-Mar-2431-Mar-240%

support recruit and retention (a number of r oles has recently been made vacant and there is potential for single points of failure).

SRR Environ If NHS Forth Valley does not Environ 25 Climate Emergency and 16 Explore Opportunities to Share Derek Jarvie 31-Jan-23 31-Mar-24 50% 16 04-Oct-23 Deep dive was conducted in Jonathan Morag 017 mental receive funding and resources, mental Sustainability Board - Resources - Governance August: Procter Farquhar;

Sustaina there is a risk that we will be Sustaina Maintains oversight and arrangements have been put Derek bility & unable to comply with DL38 reports into P&R, and to in place, with first sitting of the Given the progression made Jarvie bility/Cli

Climate and delivery actions/meet Scottish Government Climate Climate Emergency and with development of the mate

Change requirements of the Scottish Emergency Board. Sustainability Board on 25th strategy and action plan, and Change

Government Climate August. Response team have current position against Emergency & Sustainability had two meetings. At NHS targets, the risk has been Strategy, and will not operate Scotland level, discussions reduced from a 5 for likelihood in an environmentally are underway in relation to to a 4. There are some issues sustainable way, resulting in regional working opportunities. with recruitment, and while failure to meet objectives and bids have resulted in sufficient damaging stakeholder/public funding, if this position confidence. changes the position will

deteriorate. The risk is now

falls within the risk appetite

range, however it is

recommended that it remains

on the strategic risk register

for ongoing monitoring.

October update -

Strategy, and will not operate reduced from a 5 for likelihood

in an environmentally to a 4. There are some issues

sustainable way, resulting in with recruitment, and while

failure to meet objectives and bids have resulted in sufficient

damaging stakeholder/public funding, if this position

confidence. changes the position will

Establishment of Working
deteriorate. The risk is now Continue to Seek Capital Morag 31-Mar-23 31-Mar-24 60%
Groups

including:falls within the risk appetite Funding - Continue to seek Farquhar

Energy/Facilitiesrange, however it is funding for projects.

Management, Waste,recommended that it remains

Transport - Fleet, Transport -on the strategic risk register

Active Travel, Sustainablefor ongoing monitoring.

Care, Greenspace &

Biodiversity, SustainableOctober update -

Procurement/Circular

Economy, SustainableEnergy Manager post should

Communities andbe filled within the next few

Communications. These areweeks - we have references

staffed by existing resourceand Occupational Health

which has the consequence ofassessment result so it is pulling them away from otherabout notice period now. Other

activities (so not sustainableposts awaiting banding but this

long term). Support providedmay take time as there is a

by the CPMO. backlog.

Climate Emergency Response Successful Implementation of Derek Jarvie 29-Mar-24 29-Mar-24 5% and Sustainability Team - the Environmental supporting the Management System - To Operational/delivery aspect - reduce environmental impacts Head of Climate Change and and ensure legal compliance. Sustainability (in post), Energy E.g. are we storing oil and Sustainability Manager properly, maintaining boilers post (out to recruitment), properly, etc, waste Climate Emergency and management, transport. Sustainability Manager post (to Currently trying to implement. manage the Environmental Currently live in Estates and Management system - funded looking to roll out further but not yet advertised), (phase 1). Information and Data Assistant

post (funded but not yet

advertised), Waste and

Compliance Support Officer

post (funded but not yet

advertised).

Recruitment of a Head of Communications Strategy and Derek Jarvie 31-Mar-23 30-Nov-23 50% Climate Emergency and action plan to be developed - Sustainability - Funding has Both public facing and internal been approved by the board, for staff. and the recruitment process is

now underway.

As of the 13/10/2022 - Derek

Jarvie has fulfilled the position

as the Head of Climate

Emergency and Sustainability.

All Board and Committee Addition of Derek Jarvie 01-Dec-23 01-Dec-23 80% meeting papers contain a Environmental/Climate section requiring the author to Sustainability as part of Board highlight any sustainability governance considerations, implications and to complete e.g. papers to the sustainability declaration Boards/Committees, Board confirming that due regard has strategies and plans, business been given to compliance with cases, the risk assessment DL38. matrix.

Climate Emergency & Recruitment of remaining Derek Jarvie 31-May-23 31-Dec-23 80% Sustainability Strategy and posts for the Climate Action Plan, detailing the Emergency Response and activities to be undertaken by Sustainability Team - Energy each of the operational and Sustainability Manager workstreams. post (out to recruitment),

Climate Emergency and

Susta

inabilityManagerpost(to managetheEnvir

onmental Management system-funded but no t yet advertised), Information and Data Ass istant post (funded but not yet advertised

), Waste and Compliance Support Officer po st (funded but not yet advertised).

SRR 07-May-21 Healthca If the planned review of the Financial 20 Current Healthcare Strategy in 15
National Treatment Centre Gillian 31-May-22 30-Jun-23 80% 9 04-Oct-23 The timeline for the action

Cathie Janette 014 re NHS Forth Valley Healthcare place for 2016-2021 linked to development providing Morton relating to development of Cowan; Fraser

Strategy Strategy does not incorporate national strategy / policy additional capacity alongside Healthcare Strategy has been Amanda

learning from the COVID-19 local initiatives amended - first phase is the Croft pandemic, consideration of COVID Remobilisation plans Review requirements and use Cathie 30-Sep-21 31-Dec-23 80% engagement document (now population need, and does not (4th iteration) in place for of Strategic Deployment Cowan; due end nov/ Dec), second align with government policy Directorates / services and the Matrices aligned to Healthcare Amanda phase is engagement period and / or Integration Authorities Board as a whole. Planning Strategy Croft (now starts jan 24) with the Strategic Commissioning guidance received from strategy itself to be complete Plans there is a risk the Scottish Government for a one- for end of march 24. The Board's vision, corporate year operational plan building target date for the action has objectives and key priorities upon the 4th iteration of the been amended accordingly. will not meet the needs of the remobilisation plans and the Discussions are ongoing population, resulting in inability work currently underway. around creation of a to reduce pressures on Prevention and Health services, workforce and Inequalities strategic risk, and finance. the Healthcare Strategy would HSCP Strategic Development of Healthcare 30-Nov-23 31-Mar-24 0%

Commissioning Plans become a mitigation for this Strategy - first phase is the published Spring 2023. risk. engagement document (due

e
n
d
n
o
v
/
D
e

c), second phase is engagement period (star ts jan24)withthestrategyitself tobecom

plete for end of march 24.

Regional partnership mutual In response to the review of 30-Sep-23 30-Sep-23 0% aid arrangements in place in governance arrangements response to COVID in order to aligned to the blueprint for continue delivering strategic good governance, a review of priorities. These arrangements all strategic plans and delivery will be built on within future of strategies is planned plans to ensure sustainability commencing June 2023. of services.

Cancer service plans

responding to COVID to ensure ongoing delivery of strategic priorities. National and regional cancer delivery plans and mutual aid arrangements in place

NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) - following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. Level 0 Strategic Deployment Matrix drafted.

Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues

Primary Care Improvement

Plan delivering significant improvement and resilience in GP services

Forward plan and timeline for Healthcare Strategy refresh complete. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June looked at compassionate leadership and launch of refresh of healthcare strategy. Healthcare Strategy Development day planned for 28th October 2022 cancelled due to system pressures. A revised approach is being taken, with a consultation document being drawn up for end of May, a consultation period to run until end of September, and the strategy due to be completed by end of November.

National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level.

Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy.

Compassionate Leadership and Culture Programme launched Spring 2023.

NHS Forth Valley is working with HSCPs to align strategic plans with the healthcare strategy.

SRR 22-Jan-19 Informati If NHS Forth Valley fails to Inspecti 20 Robust, and regularly 12 Targeted actions to mitigate 8 04-Oct-23 Risk subject of a deep dive at Andrew Sarah 003 on implement and embed on/Audit reviewed, procedures which the risk back within appetite this review. New controls have Murray Hughes-

Governa effective and consistent address information handling are currently under been added to reflect Jones nce Information Governance available to all staff involved in development. These will be mitigation of 8 key sub-risks -

arrangements, there is a risk the activity. added to the risk during Theft, loss or unauthorised we would experience systemic Adherence to IG assurance subsequent reviews.. access to information; Failure compliance issues and processes & documentation to create or locate adequate inability to use our information (Information Assets, DPIA, records; Failure to maintain assets effectively, resulting in ISA, Contracts, Risk accuracy and currency of reputational damage and Assessments, Privacy information; Inappropriate potential legal breaches notices). disclosure of personal data; leading to financial penalties. Use of approved devices, Ineffective or insecure sharing

systems, and channels. of information; Over retention Routine review and disposal of records and information; processes. Ensuring regular Undocumented, unauthorised deletion of redundant, or incorrectly authorised obsolete, trivial material. destruction of records. An Annual information assessment of the criticality governance training & and effectiveness of the awareness. controls has allowed a visual Technical & Physical Security expression of the control controls to manage access & coverage and clearer audit. identification of gaps, which Secure & backed up storage will support development of

arrangements which avoid use
targeted actions to mitigate the of
moveable media. risk back within
appetite. Effective and consistent use
of

filing systems, structured on

SRR 21-Jan-19 Digital & If NHS FV does not develop Service 16 Annual Digital and eHealth 12 Implementation of ICT owned Scott Jaffray 31-Jul-21 31-Dec-23 60% 6 03-Oct-23 Risk reviewed - no change to Jonathan Scott 011 eHealth - and effectively implement a Delivery delivery plan - 23/24 plan actions from NIS audit previous review: Procter Jaffray

Infrastruc Digital and eHealth strategy /Busines approved at March Digital and

ture & which enables transformation eHealth Programme Board. Project support has been put s

Strategy and improvement as well as in place to resolve outstanding Interrupt

minimising technical Lifecycle System matrix Asset Revvew - The D of F & I 31-Dec-22 31-Dec-23 30% black, red and amber actions ion

vulnerabilities, there is a risk reviewed annually by the has requested full by November 2023. Monthly that other key organisational Digital and eHealth implementation of the PC/ meetings will also take place strategies cannot fully deliver Programme Board to shape Server & System asset to track progress and resolve the intended benefits, or the IT future investment plans management system to the actions. There are some infrastructure could fail, support the rolling programme difficulties in recruiting network impacting on long-term replacement programme.IT support and systems staff sustainability and efficient and team are looking at Asset because unable to recruit at effective service delivery. Management within the new the top of the pay scale, which

S
e

rviceNowservicedesktool.hasresultedint

he withdrawal This is expected to be of prefer red candidates.completed by the end of March

23. Risk also reviewed using new

risk assessment matrix, and

Cyber security objectives and patient harm has now been Delivery of the Annual Digital Scott Jaffray 31-Mar-24 31-Mar-24 0% included due to potential for initiatives included in the and eHealth Delivery Plan - 34 indirect patient harm which annual programme of work projects within the plan, as could occur through omission well as the business as usual of care if there is a severe section which supports the infrastructure failure. Infrastructure. Assessed as a 3 at current

Windows/Office Programme level because of the Development of Digital Health Scott Jaffray; 31-Dec-23 31-Jan-24 80% contingencies in place for team in place. and Care Strategy (2023-Jonathan such an event. 2026) aligned to the themes Procter

within the Healthcare Strategy.

Assessed as a 3 at current

level because of the

contingencies in place for

such an event.

Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly.

Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY

Infrastructure PB supported CISCO software and security system rolled out 2021

Resources required to discharge NIS audit recommendations scoped and paper supported by SLT and year 1 and 2 funding agreed as part of HB financial plan in

March 2021

Cyber Security Group Re-established and focusing on rolling out control environments and training Disaster Recovery and Business Continuity Plans are in place to improve the overall infrastructure and contingency plans. Linkages made with Business Continuity and Risk Management teams to support resilience work.

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

6.3 Green Public Sector Estate De-Carbonisation Scheme Grant Funding Approval to Award Contract

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Authors: Mr Derek Jarvie, Head of Climate Change & Sustainability; Mrs Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management

Executive Summary

The NHS Forth Valley (NHS FV) Climate Emergency & Sustainability Strategy and Action Plan 2023-2026 was approved by the NHS Board in July 2023.This strategy sets out the plans to shift onto a net-zero carbon trajectory – improving the energy performance of the estate is a key part of that process.

The Green Public Sector Estate De-Carbonisation Scheme (GPSEDS) is part of the Scottish Central Government Energy Efficiency Grant scheme which offers capital grant funding support to enable the delivery of heat decarbonisation and energy efficiency projects across the public sector. This funding is targeted towards Scottish central government organisations that have previously had limited access to borrowing funds for this type of work.

NHS FV submitted a GPSEDS bid that was successful and resulted in the award of grant funding totalling £1,962,325.00 including VAT.

This paper summarises a programme of work that will see the GPSEDS funding invested in improvements in the Primary Care estate and is presented in accordance with the Scheme of Delegation, whereby external supplier contracts with a value greater than £1m require to be approved by the NHS Board.

Recommendation

The NHS Board is asked to:

- **note** the progress to date with securing funding to improve the energy efficiency of buildings in the Primary Care estate.
- **approve** the request to enter into an Energy Performance Contract with the preferred bidder to deliver the energy opportunities that have been identified.
- **remit** to the Chief Executive and Director of Finance the finalisation of the contractual arrangements.

Assurance

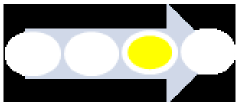
There is a Strategic Risk to the NHS Board (SRR017) that inadequate corporate commitment to addressing the climate emergency will result in non-compliance with Scottish Government directives, particularly DL38, which means the Board would be operating in an environmentally un-sustainable manner, resulting in failure to meet objectives and damaging stakeholder/public confidence.

This project is a good first step in the shift onto a net-zero trajectory – a comprehensive Risk

Register has been developed to underpin delivery of this project. The proposed level of assurance is ‘reasonable’:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

controls with minor frequently but with weaknesses present. evidence of non-



compliance.

Key Issues to be Considered

Energy efficiency in the public sector has been identified as an area of critical priority to ensure all buildings in Scotland reach zero emissions by 2045. For NHS Scotland, the net-zero target date is 2040. The GPSEDS fund is a critical funding source that supports public sector decarbonisation, encompassing a variety of pathways and green technologies that are vital in achieving zero emissions across Scotland’s buildings.

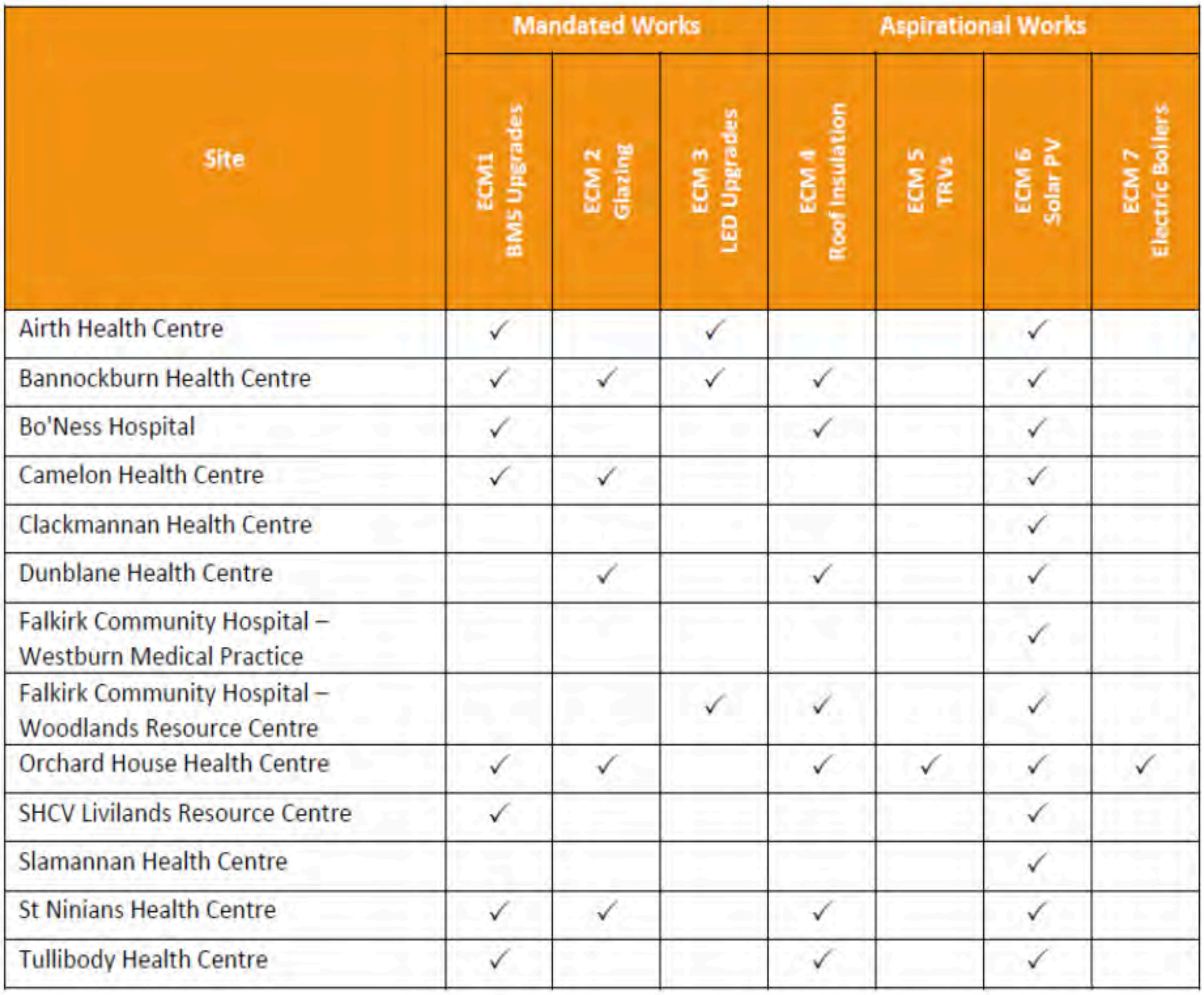
NHS FV secured almost £2m of GPSEDS funding for investment in improving the energy performance of the Primary Care estate. The ‘fabric first’ ethos underpinning the GPSEDS funding provides added value as it allows for the inclusion of improvements such as glazing replacement and insulation that would normally be excluded from energy efficiency projects due to extremely lengthy payback periods. This supports efforts to reduce maintenance and lifecycle replacement costs that would typically be costs covered by the Board.

The SG’s Non-Domestic Energy Efficiency (NDEE) Framework was called off to procure a contractor to deliver the GPSEDS project. NDEE is used widely by the Public Sector in Scotland, including NHS Scotland (and has been successfully used in the past by NHS FV to deliver energy efficiency projects). There are a number of pre-approved suppliers on the framework that have the expertise required to retrofit energy conservation measures (ECMs) in public sector and third sector buildings, using an Energy Performance Contract (EnPC) to guarantee carbon and costs savings.

A Project Support Unit (PSU), funded by SG and currently managed by Mott MacDonald, supports users of the NDEE frameworks to develop documentation and issue tenders for available services and supports public bodies through the implementation of retrofit projects. The PSU provides specialist project management, procurement and technical advisors across a range of services, including energy efficiency services, technical and energy and buildings related services and related procurement support.

The NDEE Invitation to Mini-Competition resulted in two strong bids from framework suppliers. Following bid evaluation, a preferred bidder has been selected and has a good track record delivering NDEE projects - including with other NHS Scotland bodies.

Several months have been spent working to develop an Investment Grade Proposal (IGP). The IGP and associated Financial Model will see variations of 7 ECMs delivered in 13 Primary Care buildings. The ECMs that will be delivered are summarised in the table below:



Site	Mandated Works			Aspirational Works			
	ECM1 BMS Upgrades	ECM 2 Glazing	ECM 3 LED Upgrades	ECM 4 Roof Insulation	ECM 5 TRVs	ECM 6 Solar PV	ECM 7 Electric Boilers
Airth Health Centre	✓		✓			✓	
Bannockburn Health Centre	✓	✓	✓	✓		✓	
Bo'Ness Hospital	✓			✓		✓	
Camelon Health Centre	✓	✓				✓	
Clackmannan Health Centre						✓	
Dunblane Health Centre		✓		✓		✓	
Falkirk Community Hospital – Westburn Medical Practice						✓	
Falkirk Community Hospital – Woodlands Resource Centre			✓	✓		✓	
Orchard House Health Centre	✓	✓		✓	✓	✓	✓
SHCV Livilands Resource Centre	✓					✓	
Slamannan Health Centre						✓	
St Ninians Health Centre	✓	✓		✓		✓	
Tullibody Health Centre	✓			✓		✓	

- The cost of the work is £1,548,547.00 excl VAT. Circa £85k plus VAT has been retained as contingency.

- Financial savings are estimated at£59k/year. NB: the savings are underpinned by an additional circa £30k/year of income generation. This is from electricity generated on-site (by PV panels) that will not be used on site and will be exported (sold to) the grid. NDEE does not allow these to be counted as savings but the total 'savings' figure will be in the region of £90k/year.

• Lifetime carbon savings are anticipated as 1,595 tonnes CO_2. • Electricity will be generated on-site at 13 of the Primary Care sites. • All glazing at 5 sites (including front doors at Orchard House) will be replaced with thermally efficient units (this also provides ongoing maintenance and backlog maintenance benefits for the Board).

- Orchard House will shift away from fossil fuel (gas) heating to electric (there is a requirement within DL38 for all NHS buildings to be heated from renewable sources by 2038).
- The Building Management System (BMS) upgrades within the IGP will be underpinned by a 'head-end' upgrade that will improve functionality and control of existing BMS at all NHS FV sites where a BMS is installed (i.e., not just the 8 listed above).
- The LED lighting upgrades in this IGP are a 'mop-up' of sites not completed as part of the previous NDEE project that saw lighting upgraded to LED in the majority of the non-PPP sites.

Implications

Financial Implications

The investment and savings implications are as noted above. The EnPC has two milestone payments: within the first Milestone payment there will be interim payments directly linked to completion of works. A schedule of interim payments linked to the project delivery programme forms a key part of the EnPC.

A major benefit of the EnPC is that the revenue savings guaranteed by the contractor are independently verified and linked to the final milestone payment that is 12.5% of the contract value and is not paid till 12 months post completion.

Moving forward, the Board will continue to access grant funding where possible to support implementation of the NHS FV Climate Emergency & Sustainability Strategy and Action Plan. However, it must be noted that SG funding cannot be wholly relied on to support the Board's climate emergency response. Ongoing NHS Board commitment to the climate emergency will be required. For example, from 2024/25 the annually recurring energy efficiency and carbon reduction capital funding is planned to be reinstated in the Capital Plan proposals.

Workforce Implications

There is a requirement for time commitments to lead the various workstreams associated with implementation of multiple energy efficiency interventions within several buildings. This will be challenging but will be managed as effectively as possible with the limited resources available.

Infrastructure Implications including Digital

The implications of the IGP are wide ranging and include improvements to assets, both physical and digital, and systems.

Physical improvements will be carried out at 13 Primary Care sites (as detailed in the table above), existing Building Management Systems (BMS) will be upgraded at 7 Primary Care sites to give better control of heating and cooling (where appropriate) – there will be a digital component to the upgraded BMS system that will allow remote access from multiple devices e.g., as part of the FM First developments

Sustainability Implications

Sustainability is the main focus of the project together with the route to net-zero carbon.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. (please tick relevant box)

√ Yes

☐ N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

The proposed actions within the IGP will contribute to improving the quality and sustainability of care and to the health and wellbeing of patients, visitors and staff, as well as the wider community.

Information Governance Implications

N/A

Risk Assessment / Management

A comprehensive Project Risk Register is in place, risks will be monitored and managed by NHS FV, Mott MacDonald and the preferred bidder.

The key risk at present is procurement of and lead times for materials to ensure the works can be completed to programme. It is important the EnPC is signed by NHS FV as soon as the NHS Board is content for this to go ahead to reduce delays.

Relevance to Strategic Priorities

The NHS FV Climate Emergency & Sustainability Strategy and Action Plan reflects the strategic aims of the NHS Board and partners and aligns with the Scottish Government's direction of travel in relation to the Climate Emergency and Sustainability.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (*please tick relevant box)*

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation Key NHS FV colleagues have been involved in the project, including Estates & Capital Planning, Finance and Procurement.

Mott McDonald have provided support to date and will continue to do so until the project is complete (as summarised above) – this support is funded by SG.

Additional Information

Nil

Attachments:

None

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

6.4 Operational Management of Prison Healthcare

For Approval

Executive Sponsor: Ms Amanda Croft Interim Chief Executive

Author: Mrs Patricia Cassidy, Director Falkirk HSCP

Executive Summary

The paper seeks agreement from members of the NHS Board to the interim arrangement for the Falkirk Integration Joint Board (IJB) Chief Officer, in her role as Director of Health and Social Care services, to be responsible officer for Prison Healthcare Services, effective from 1 December 2023.

Recommendation

The Forth Valley NHS Board is asked to:

- Approve the proposed interim arrangement for the Falkirk IJB Chief Officer, in her role as Director of Health and Social Care services, to be the responsible officer for Prison Healthcare services, effective from 1 December 2023.

Assurance

Not applicable

Key Issues to be Considered

The current management arrangements for Prison Healthcare services will change due to the retirement of the general manager on 1 December.

There are three national prisons: Forth Valley area:

- His Majesty's Prisons (HMP) and Young Offenders Institute (YOI) Stirling which is Scotland's national facility providing remand in custody for convicted young and adult women.
- Glenochil (in Alloa) manages adult male individuals who are short term prisoners, long term prisoners, life sentence prisoners and extended sentence prisoners (Order of Lifelong Restrictions).
- His Majesty's Prisons (HMP) and Young Offenders Institute (YOI) Polmont which is Scotland's national holding facility for young people aged between 16 - 21 years of age. Sentences range from 6 months to Life. The average sentence length is between 2 - 4 years. This is in the Falkirk Council area.

Prison healthcare services are included in the Public Bodies Act (Joint Working) (Scotland) Act 2014, but they are not currently a delegated function in the Falkirk Integration Scheme. This will need to be considered as part of the ongoing review of the Integration Scheme currently being progressed.

The NHS Board has previously approved proposals for the co-ordination of health services and work continues to complete the due diligence processes as a result of the transfer of the remaining integration functions to the Falkirk and the Clackmannanshire & Stirling IJBs.

The NHS CEO met with the Falkirk IJB Chief Officer and the Clackmannanshire & Stirling IJB Chief Officer on 28 September to discuss suitable arrangements for Prison healthcare pending the General manager's retirement.

It is proposed that, pending the completion of the review of the IJB Integration schemes, the Chief Officer, in her role as Director of Health and Social Care services, will be the responsible officer for Prison healthcare services, effective from 1 December 2023. Prison healthcare services will sit within the Head of Primary Care Services.

Subject to NHS Board approval, a report will be presented to the Falkirk IJB meeting on 1 December seeking approval for the Chief Officer, in her role as Director of Health and Social Care, to have responsibility for these services. Reporting will continue to be to the NHS Chief Executive and the NHS Forth Valley Board. The operational and financial responsibility for Prison healthcare services will continue to be with the NHS Board and they will continue to fund any deficit arising from these services.

This decision is pending a review of the Integration Scheme, where it will be proposed that these services will be formally delegated to Falkirk IJB, with co-ordination arrangements in place with Clackmannanshire & Stirling IJB.

There is a significant amount of work still required given the level of complexity in relation to due diligence around areas such as resources, risk management, governance, staffing and operational delivery arrangements.

This work is being progressed alongside responding to, planning for, and managing the current systems pressures. Capacity is needed to do this work comprehensively and in line with the Public Bodies (Scotland) Act, 2014. The review of the Integration Schemes will now be supported by an external resource, jointly commissioned by the three Council's and NHS Forth Valley. A report will be presented to the Board in due course.

The Chief Officers for Falkirk IJB and Clackmannanshire and Stirling IJB continue to work with the IJB Chairs and Vice-chairs, Local Authority Chief Executives, NHS Chief Executive, and senior managers to finalise formal arrangements for the coordination of Forth Valley wide IJB functions between HSCPs.

Implications

Financial Implications

The operational and financial responsibility for Prison healthcare services will continue to be with the NHS Board and will be monitored and reported via the NHS CEO and NHS Board.

Workforce Implications

The transfer of operational management will be managed in line with NHS policies and procedures.

Infrastructure Implications including Digital

There are no IT implications anticipated.

Sustainability Implications

There are no sustainability implications anticipated.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

☐ *Yes*

X N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

The proposed management arrangement will help to stabilise the service to continue to improve health and care services for prisoners.

Information Governance Implications

Risk Assessment / Management

The proposed solution will provide sustainable management for the services within the Head of Primary Care's portfolio within the HSCP. The ongoing risk will be assessed and monitored within the operational and strategic risk register.

Relevance to Strategic Priorities

The proposed transfer of responsibility is in line with the requirement to complete the integration of health services as part of the Board escalation improvement plan.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Discussions have taken place with the NHS Interim CEO, both IJB Chief Officers and the general manager in addition to The Falkirk IJB Chair and Vice Chair and Falkirk council CEO.

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

7.1 Healthcare Associated Infection (HAI) Reporting Template October 2023 For Assurance

Executive Sponsor: Frances Dodd, HAI Executive Lead

Author: Jonathan Horwood, Area Infection Control Manager

Executive Summary

The Healthcare Associated Infection Reporting Template (HAIRT) is mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley

Recommendation

The Forth Valley NHS Board is asked to:

- Note the HAIRT report.
- Note the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs
- Note the detailed activity in support of the prevention and control of Health Associated Infection

Assurance

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of Controls are applied

[redacted]

key controls with minor frequently but with weaknesses present. evidence of non-

compliance.

- The report provides assurance that relevant published information is shared with the clinical teams for either information or action.

- Proposed assurance level is reasonable. The Infection Prevention and Control Team have provided assurance that the report has been shared and actioned appropriately.

Key Issues to be Considered

- The new format of the report now meets accessibility requirements.
- Total SABS remain within control limits. There were no hospital acquired SABs in October.

- Total DABs remain within control limits. There were two hospital acquired DABs in October.
- Total CDIs remain within control limits. There were no hospital acquired CDIs in October.

- Total ECBs remain within control limits this month. There were two hospital acquired ECBs in October.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in October.
- There was one COVID-19 outbreaks reported in October.

Implications

Financial Implications

None.

Workforce Implications

None.

Infrastructure Implications including Digital

None.

Sustainability Implications

None.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to *compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process* A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

☐ *Yes*

√ *N/A*

Quality / Patient Care Implications

Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions.

Information Governance Implications

None.

Risk Assessment / Management

Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHSFV to meet both national and local standards/expectations.

Relevance to Strategic Priorities

AOP Standards in respect of SABs, ECBs & CDIs.

The AOP target has now been extended to March 2024.

- Staph aureus bacteraemias (SABs)

It is anticipated target will be met by March 2024. NHSFVs national position remains

within control limits.

- Clostridioides difficile infection (CDIs)

It is anticipated with the amended reporting to ARHAI target will be met by March 2024.

NHSFVs national position remains within control limits.

- Escherichia coli bacteraemias (ECBs)

Continue to be off trajectory and unlikely to meet the target in March 2024. NHSFVs national position is within control limits for this period.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation *Infection Prevention & Control Team*

Additional Information

None.

Appendices

- None

NHS
Forth Valley

Healthcare Associated

Infection Reporting

Template (HAIRT)

October 2023

NHS Forth Valley

Infection Prevention

& Control Team

5

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI Healthcare Acquired Infection

SAB *Staphylococcus aureus* Bacteraemia

DAB Device Associated Bacteraemia

CDI *Clostridioides* Infection

ECB Escherichia Coli Bacteraemia

AOP Annual Operational Plan

NES National Education for Scotland

IPCT Infection Prevention & Control Team

HEI Healthcare Environment Inspectorate

SSI Surgical Site Infection

SICPs Standard Infection Control Precautions

PVC Peripheral Vascular Catheter

Definitions used for *Staph aureus,* device associated and *E coli* bacteraemias

Definition of a bacteraemia

Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria. Bacteria can enter the bloodstream as a severe complication of infection (like pneumonia, meningitis, urinary tract infections etc), during surgery, or due to invasive devices such as PVCs, Hickman lines, urinary catheters etc. Transient bacteraemias can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock, which has a high mortality rate. Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones). Treatment for bacteraemia is with antibiotics for many weeks in some circumstances, however cases such as *Staph aureus* bacteraemia usually 14 days of

antibiotic therapy is required.

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

- Hospital acquired is defined when a positive blood culture is taken >48 hours

  after admission ie the sepsis is not associated with the cause of admission. An example would a patient with sepsis associated from an infected peripheral vascular catheter.

Healthcare acquired

- Healthcare acquired is defined when a positive blood culture is taken <48 hours

  after admission but has in the last three month had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

Nursing home acquired

- Nursing home acquired is defined when a positive blood is taken <48 hours

after admission and when symptoms associated with sepsis developed at the nursing home.

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly

to the NHS Board. This is a requirement by the Scottish Government HAI task Force

and informs NHS Forth Valley (NHSFV) of activity and performance against

Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control

activity and actions.

Summary for this month:

• COVID-19 inpatient numbers have remained stable this month. • There was one reported outbreak this month, Ward A22. • There were no SSIs reported this month.

Performance at a glance:

Staph aureus bacteraemia **- total number this month: 6** • There were no hospital acquired SABs this month. • There were six healthcare acquired SABs this month. • Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 10 • There were two hospital acquired DABs this month. • There were eight healthcare acquired DABs this month. • Total DAB case numbers remained within control limits this month.

***Clostridioides difficile* infection – total number this month: 3** • There were no hospital acquired CDIs this month. • There were three healthcare acquired CDIs this month. • Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 11** • There were two hospital acquired ECBs this month. • There were eight healthcare acquired ECBs this month. • There was one nursing home acquired ECB this month. • Total ECB case numbers remained within control limits this month.

Surgical site infection surveillance

- There were no surgical site infection reported this month.

HAI Recorded Deaths

- There were no MRSA or C.difficile recorded deaths this month.

HAI AOP targets for 2019 - 2024

On the 10th of October 2019, a letter was sent to all Health Board Chief Executives highlighting our new HAI targets. These targets are based on our (Forth Valley) current rates of infection and a percentage reduction has been set to be achieved by March 2024 following a series of extensions due to the COVID-19 pandemic. This target is different from our previous targets and includes the reduction in hospital and healthcare acquired infections and does not include community acquired. Hospital and healthcare acquired infections are now classified as healthcare infections as it is perceived nationally that all hospital and healthcare infections are all reducible. For continuity, we will continue to report separately hospital and healthcare infections to maintain our quality and transparency in our data, however, the total number of infections will reflect on what we report nationally and in line with our set target. In addition to SABs and CDIs targets, *Escherichia coli* bacteraemia (ECB) is now included in our targets.

The tables below highlight the targets for 2024 and the progress towards these targets:

2018/19 Rate Target rate

(base line) per No of per 100,000 Target

100,000 total cases (per Reduction Date for total bed cases per

bed days annum) % reduction days annum

ECB 40.8 135 25 2024 30.6 101 SAB 16.6 55 10 2024 14.9 50 CDI 11.4 38 10 2024 10.3 34

Target Target Rate Current Rate April 22 - date Status

Organism (per 100,000 total bed (per 100,000 total bed

	days)	**days)**	
ECB	30.6	48.8	Above trajectory
SAB	14.9	15.4	Above trajectory
CDI	10.3	15.4	Above trajectory

SAB and CDI Target are anticipated to be met for March 2024. ECB target remains challenging despite reduction seen over the last two quarters. Targets are currently under national review.

HAI Surveillance

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

Staph aureus bacteraemias (SABs)

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. The target was a national reduction rather than a board specific reduction, however the latest target set for 2019-2022 are board specific, based on our current infection rates.

Total number of SABs this month; **6** compared to **5** last month. There was no data exceedance for SABs this month.

Total number of SABs (April 2023 – date) = **31**

- Hospital acquired = **0**

  There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **6**
  - CVC
  - Hickman
  - Unknown (x2)
  - Prosthetic joint
  - Permacatheter

  There was a data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**

There was no data exceedance for nursing home acquired SABs this month.

Breakdown

There were 888 blood cultures taken this month, of those there was in total 6 blood

cultures that grew *Staph aureus*. This accounts for 0.7% of all blood cultures taken

this month. There were no hospital acquired SABs this month.

Healthcare SABs:

Reported case numbers exceeded control limits this month. Of the 6 reported cases,

four reported cases (CVC, Hickman, unknown and permacatheter sourced) were

associated with renal patients. Investigations have shown that there were no areas of

commonality identified to the cause of infection. The renal team have been informed and are investigating and monitoring infection rates going forward. An update will be provided in the next report.

NHS Forth Valley's approach to SAB prevention and reduction All *Staph aureus* bacteraemia are monitored and reported by the IPCT. Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a

monthly basis. The analysis of the data enables the IPCT to identify trends in particular

sources of infections, such as Hickman line infections etc and identifying areas

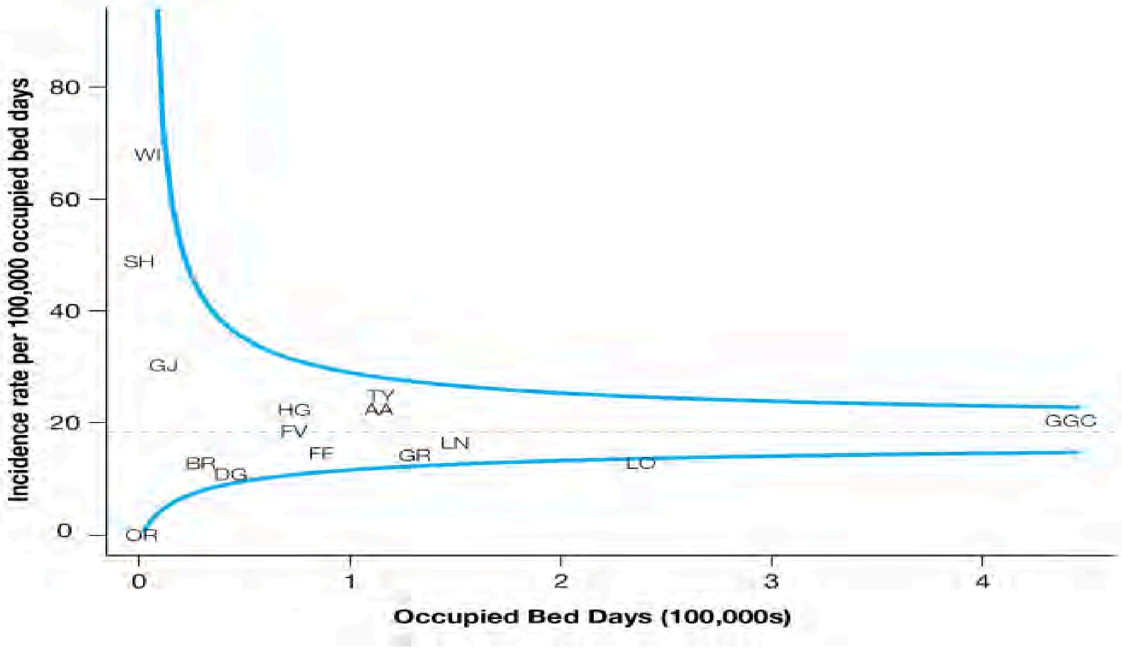
requiring further support. The data also influences the direction of the HAI annual

workplan.

National Context

All SABs are reported nationally and reported on a quarterly basis. This provides our

board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets i.e. hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 2 report (April – June 2023) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains on the national mean.


Incidence rate per 100,000 occupied bed days
80
60
40
20
0
WI
SH
GJ
HG
TY
AA
FV
FF
GR
LN
BR
DG
LO
GGC
OR
0
1
2
3
4
Occupied Bed Days (100,000s)

Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

NHS Forth Valley’s approach to DAB prevention and reduction

Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients’ clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive

devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and

this is reported in the monthly Directorate Reports.

Total number of DABs this month; **10** compared to **3** last month. There was no data exceedance for DABs this month.

Total number of DABs (April 2023 – date) = **45**

- Hospital acquired = **2**
    - Long term urinary catheter (No attributed ward)
    - Long term urinary catheter (No attributed ward)

  There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **8**
    - CVC
    - Hickman x 3
    - Permacath
    - Urinary Catheter long term x 3

  There was a data exceedance for healthcare acquired DABs this month.

- Nursing Home acquired = **0**

There was no data exceedance for nursing home acquired DABs this month.

Breakdown

There were 888 blood cultures taken this month, of those there were in total 10 blood cultures that were associated with devices. This accounts for 1.1% of all blood cultures taken this month. There were two hospital acquired DAB this month; this accounts for 0.2% of all blood cultures this month.

Hospital DABs

- Long term catheter in situ. Not attributed to ward as device was traumatically removed by patient with resulting haematuria and pyrexia.
- Long term catheter in situ. Patient treated for urosepsis. Not attributed to ward as bundles in place and complete.

Healthcare DABs

Please refer to the SAB section regarding the CVC, Hickman and permacatheter infections. The three urinary catheter infections developed following a traumatic removal of the catheter, one infection attributed following catheter insertion in another board prior to being transferred to FVRH, and the remaining infection was due to various underlying comorbidities.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley’s approach to ECB prevention and reduction

E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. As a result of this, the HAI Policy Unit has now included E coli as part of the AOP targets. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including E. coli associated infections and will hope to reduce so to achieve our target for 2024.

Total number of ECBs this month - **11** compared to **12** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **81**

- Hospital acquired = **2**
    - o Long term urinary catheter (No attributed ward) o Long term urinary catheter (No attributed ward)

There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **8**
    - o Hepatobiliary
    - o Hickman
    - o Post procedural
    - o Renal
    - o Urinary Catheter long term (x2) o UTI
    - o Pyelonephritis

There was no data exceedance for healthcare acquired ECBs this month.

- Nursing Home acquired = **1**
    - O UTI

There was no data exceedance for nursing home acquired ECBs this month.

Breakdown

There were 888 blood cultures taken this month, of those there were in total 11 blood cultures that grew *E. coli*. This accounts for 1.2% of all blood cultures taken this month.

There were two hospital ECBs this month, this accounted for 0.2% of all blood cultures

taken.

Hospital ECBs

o Long term catheter x 2 (refer to DAB section on page 7).

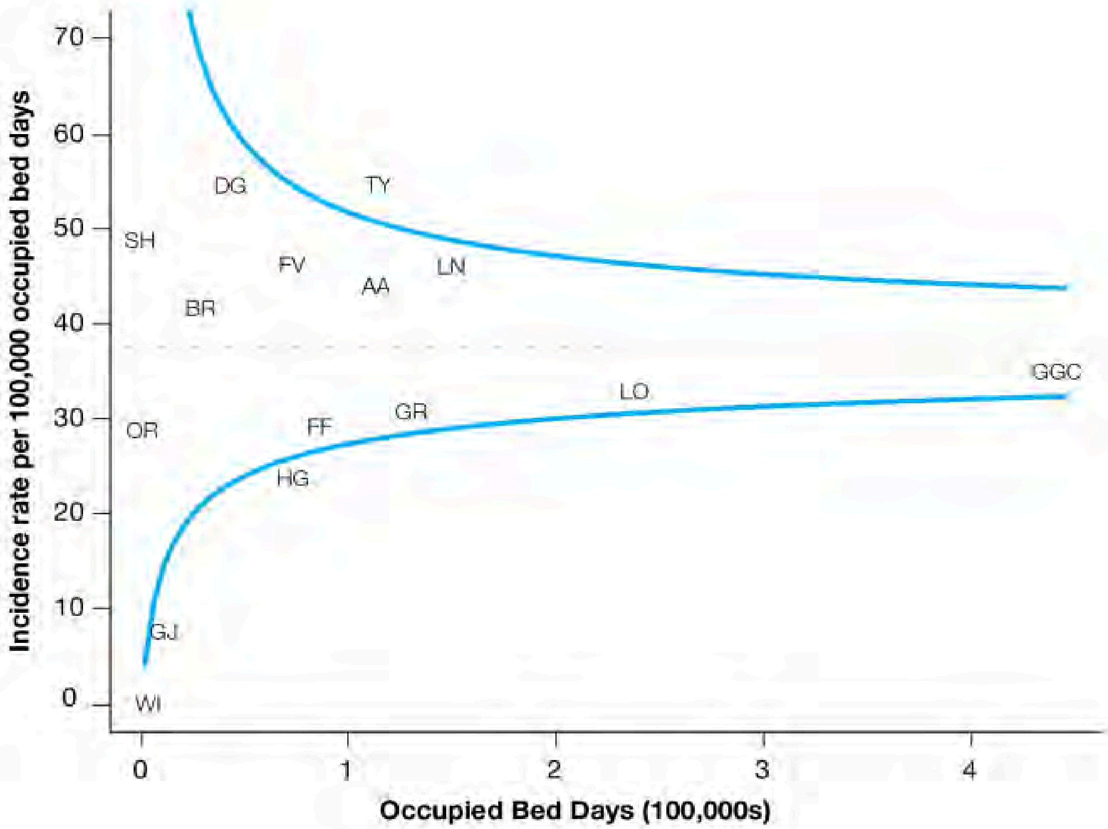
National Support Framework

Recent surveillance publication (April – June 2023) from ARHAI has highlighted that NHSFV ECB rate is now within national control limits. As a result of this, Scottish Government have informed NHS FV that the Support Framework has now been withdrawn due to this improvement in infection rate. Based on our local analysis of the data, it is anticipated the next published report by ARHAI will continue to show NHSFV remaining within national control limits.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our

board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from ARHAIs Quarter 2 report (April – June 2023) highlighting Forth Valley’s position compared to all other boards in Scotland.


Incidence rate per 100,000 occupied bed days
70
60
50
40
30
20
10
0
0
1
2
3
4
Occupied Bed Days (100,000s)
DG
TY
SH
FV
LN
AA
BR
GGC
LO
OR
GR
FF
HG
GJ
WI

Clostridioides difficile infection (CDIs)

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with C. difficile resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with C. difficile. NHSFV has met its targets over the years and has maintained a low rate of infection. Similar to the SAB target, the new target set for 2019-2022 is based on Forth Valley's rate rather than an overall national rate.

C. difficile can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing C. difficile to proliferate and cause infection. This is the predominant source of infection in Forth Valley. C. difficile in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

Cause definitions for Clostridioides difficile infections

Hospital acquired

- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

Healthcare acquired

- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc.

Nursing home acquired

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission.

GP acquired

- GP associated CDI infections are not required to be reported nationally,

however, locally it is considered important to monitor and report infections deriving from GP practices. All CDI infections from GPs are reviewed and investigated to the same standard as hospital infections to determine the cause of infection. In addition, data is shared with the Antimicrobial Management Group to allow the group to monitor overall antibiotic prescribing trends for individual GP practices.

NHS Forth Valley's approach to CDI prevention and reduction

Similar to our SABs and DABs investigation, patient history is gathered including any

antibiotics prescribed over the last few months. Discussion with the clinical teams and

microbiologists assist in the determination and conclusion of the significance of the

organism, as sometimes the organism isolated can be an incidental finding and not

the cause of infection. Data is shared with the antimicrobial pharmacist and cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

Total number of CDIs this month; **3** compared to **3** last month. There was no data exceedance for CDIs this month.

Total number of CDIs (April 2023 – date) = **29**

- Hospital acquired = **0**

  There was no data exceedance for hospital acquired CDIs this month.

- Healthcare acquired = **3**

  There was no data exceedance for healthcare acquired CDIs this month.

- Nursing Home acquired = **0**

There was no data exceedance for nursing home acquired CDIs this month.

- GP acquired = **2**

  (GP figures are not included in the total as it is not part of the AOP national target)

Hospital CDIs

o There were no hospital acquired CDIs reported this month.

Healthcare CDIs

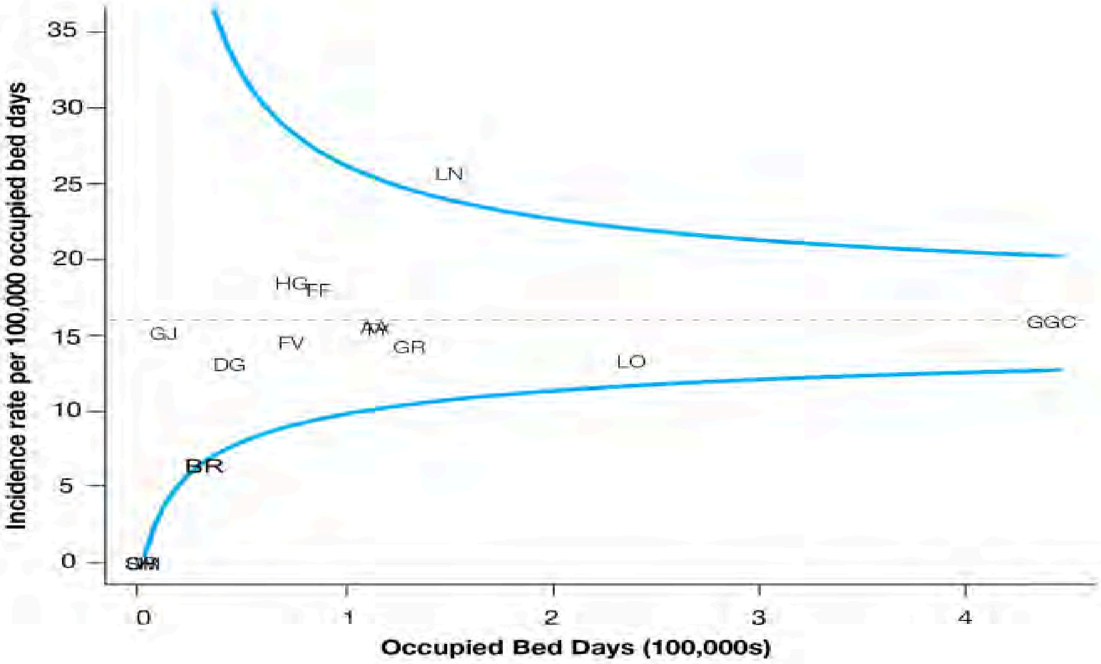
o Reported cases this month were associated to antimicrobial therapy & PPIs.

GP CDIs

o Graphical representation of GP associated CDIs will be included in future publications following a retrospective adjustment to the healthcare sourced infections. Reported cases this month were attributed to antimicrobial therapy and PPIs.

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plots below are based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 2 report (April – June 2023) highlighting Forth Valley's position compared to all other boards in Scotland.


Incidence rate per 100,000 occupied bed days
35
30
25
20
15
10
5
0
LN
HG
FF
GJ
AA
GGC
FV
GR
DG
LO
BR
0
1
2
3
4
Occupied Bed Days (100,000s)

Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. NHS Forth Valley infection rates are comparable to national infection rates.

NHS Forth Valley's approach to SSI prevention and reduction Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patients weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates.

Procedure	**No of Procedures this month**	**No. of Confirmed SSIs this month**
Abdominal Hysterectomy	8	0
Breast Surgery	26	0
Caesarean	83	0

Section

Knee 46 0

Arthroplasty

Hip Arthroplasty 36 0

Large Bowel 11 0

Surgery

Meticillin resistant Staphylococcus aureus (MRSA) & Clostridioides difficile recorded deaths

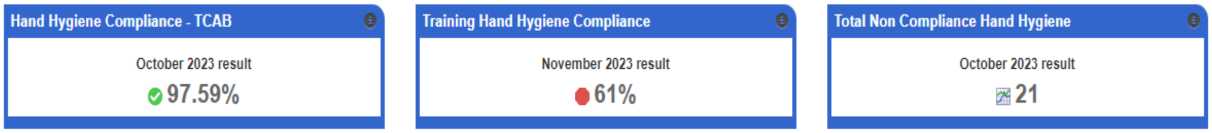
The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:

https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths

- There were no MRSA or C. difficile deaths reported this month.

Hand Hygiene Monitoring Compliance (%) Board wide

The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SICP audits.



Hand Hygiene Compliance - TCAB

October 2023 result

✓ 97.59%

Training Hand Hygiene Compliance

November 2023 result

● 61%

Total Non Compliance Hand Hygiene

October 2023 result

21

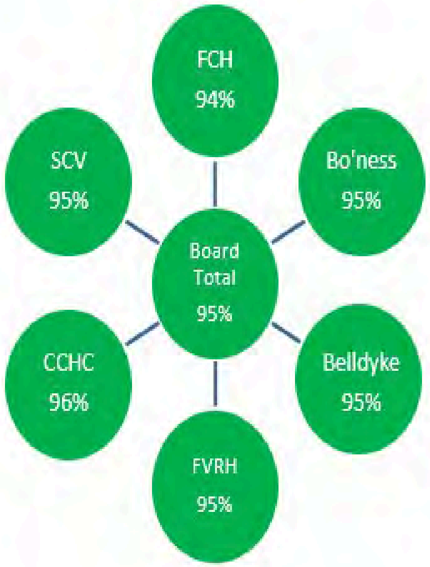
Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

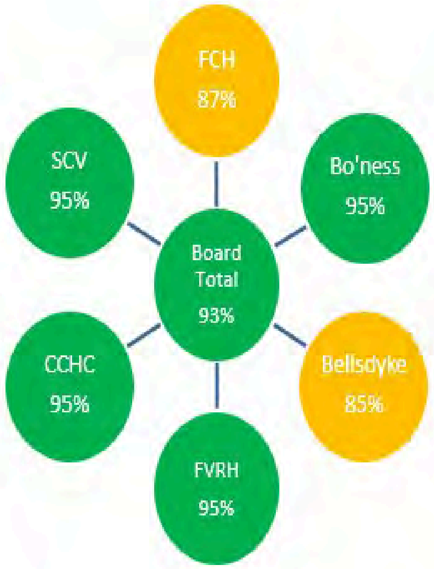
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital continues in amber with a compliance score of 87% compared to last quarter 88%. Bellsdyke Hospital also continues to be in amber with a compliance score of 85% compared to 85% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard


FCH
94%
SCV
95%
Bo'ness
95%
Board
Total
95%
CCHC
96%
Belldyke
95%
FVRH
95%

Cleaning Compliance


FCH
87%
SCV
95%
Bo'ness
95%
Board
Total
93%
CCHC
95%
Bellsdyke
85%
FVRH
95%

Estates Compliance

Colour		Description
🟢	**Green**	compliance level 90% and above - Compliant
🟠	**Amber**	compliance level between 70% and 90% - Partially compliant
🔴	**Red**	compliance level below 70% - Non-compliant

Ward Visit Programme

The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributary factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports.

The predominant non-compliance categories reported were Managing Patient Care Equipment category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. Control of the Environment, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area (i.e. staff belongings / coffee cups).

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

Below is a table detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	4	18	19	43	40	29	30	183
Primary Care & Mental Health Services	0	1	1	5	16	5	3	31
Directorate WC&SH	0	3	0	3	1	3	3	13
Totals	4	22	20	51	57	37	36	227

Incidence / Outbreaks

All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

Healthcare Acquired Infection Incident Template (HAIIT) The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

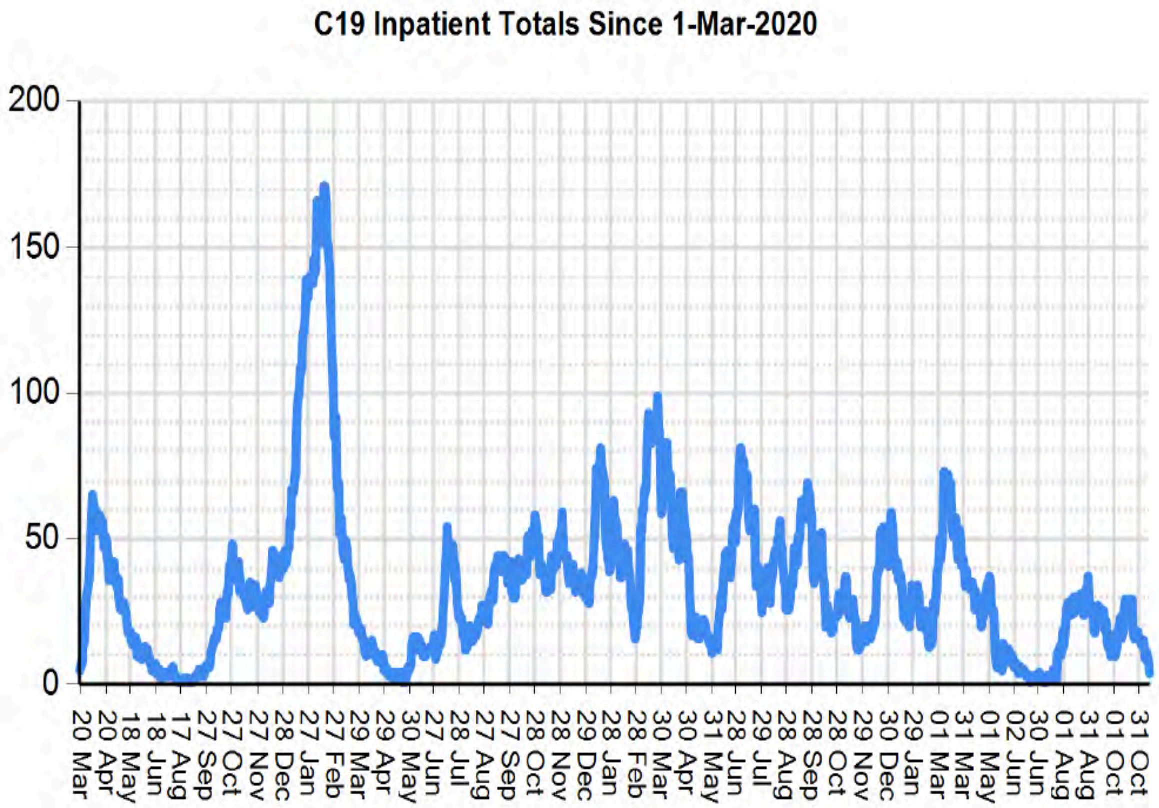
There were one outbreaks reported this month.

Month	**Ward**	**Type of Outbreak**	**No of patients affected**
October	Ward A22, FVRH	Covid	9

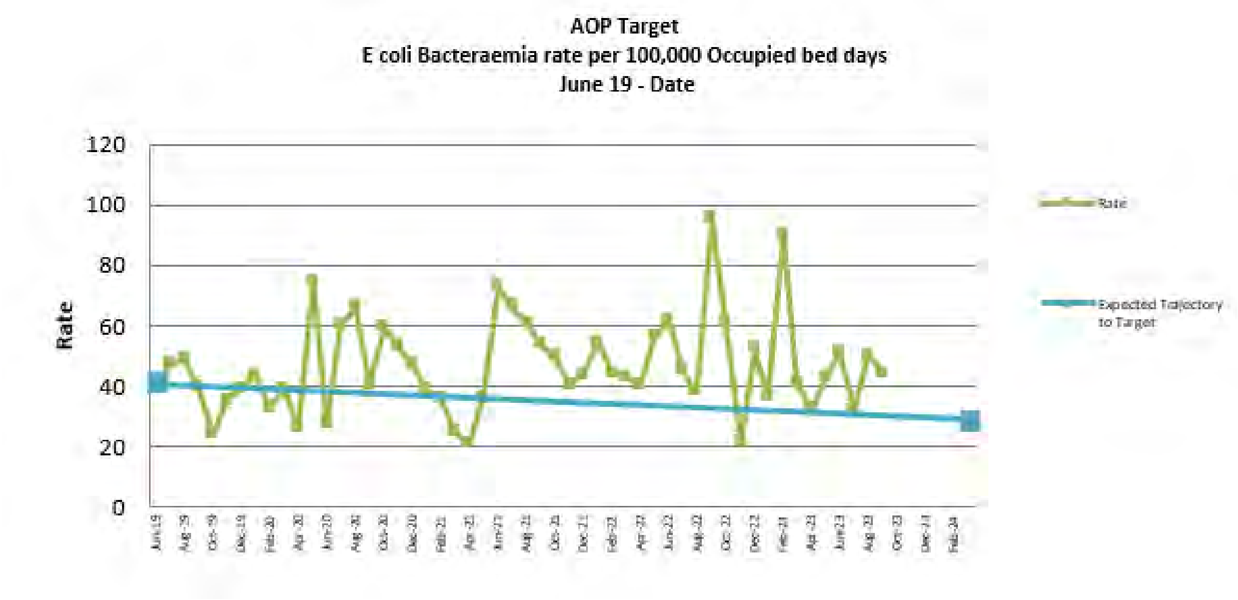
COVID-19

Covid-19 admissions and overall inpatient numbers have remained stable throughout the month reducing to approximately 10 inpatients.

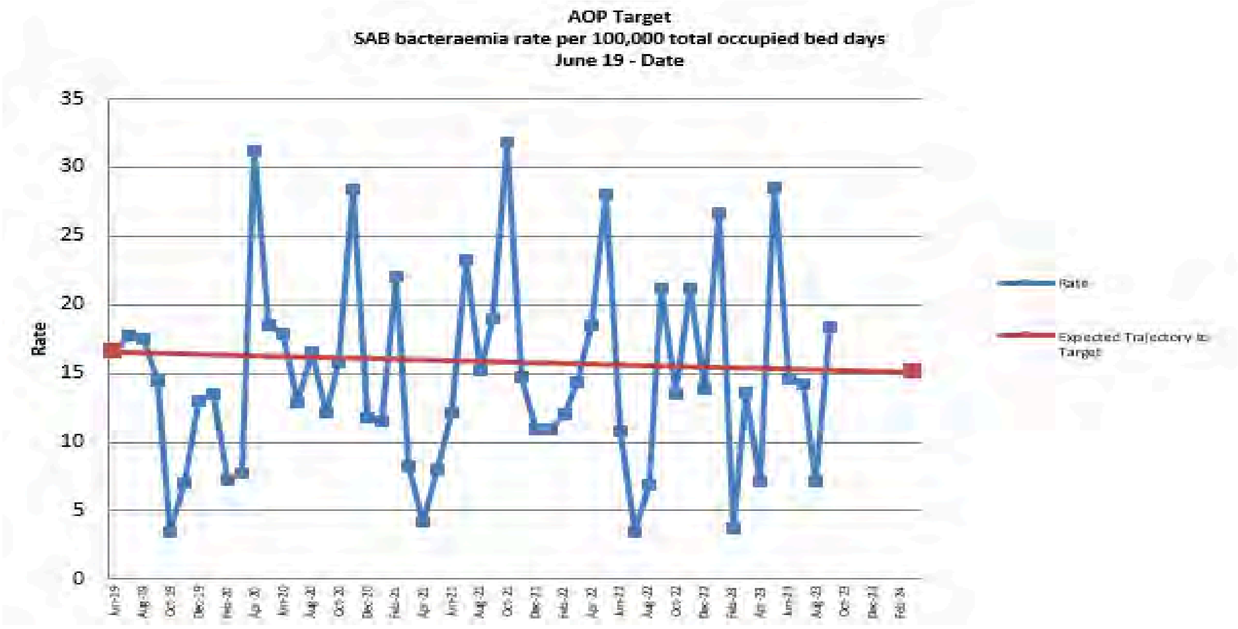
See graph below of the inpatient case numbers.


C19 Inpatient Totals Since 1-Mar-2020

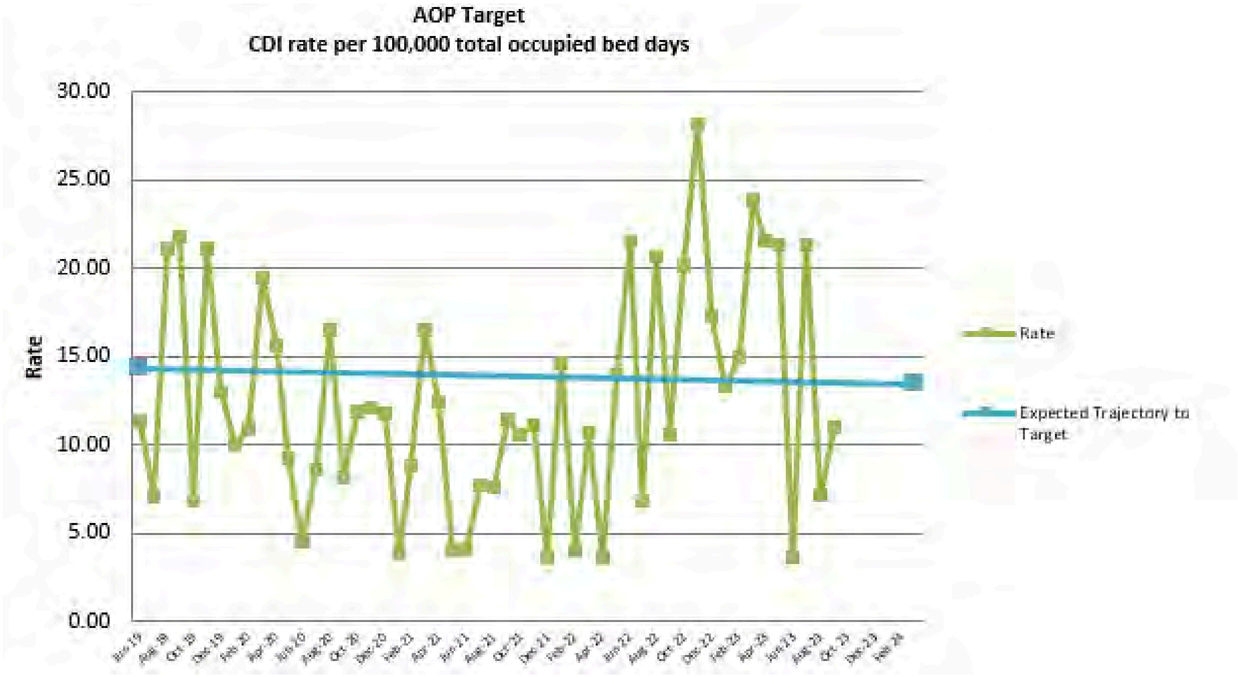
AOP Targets to date



AOP Target
E coli Bacteraemia rate per 100,000 Occupied bed days
June 19 - Date

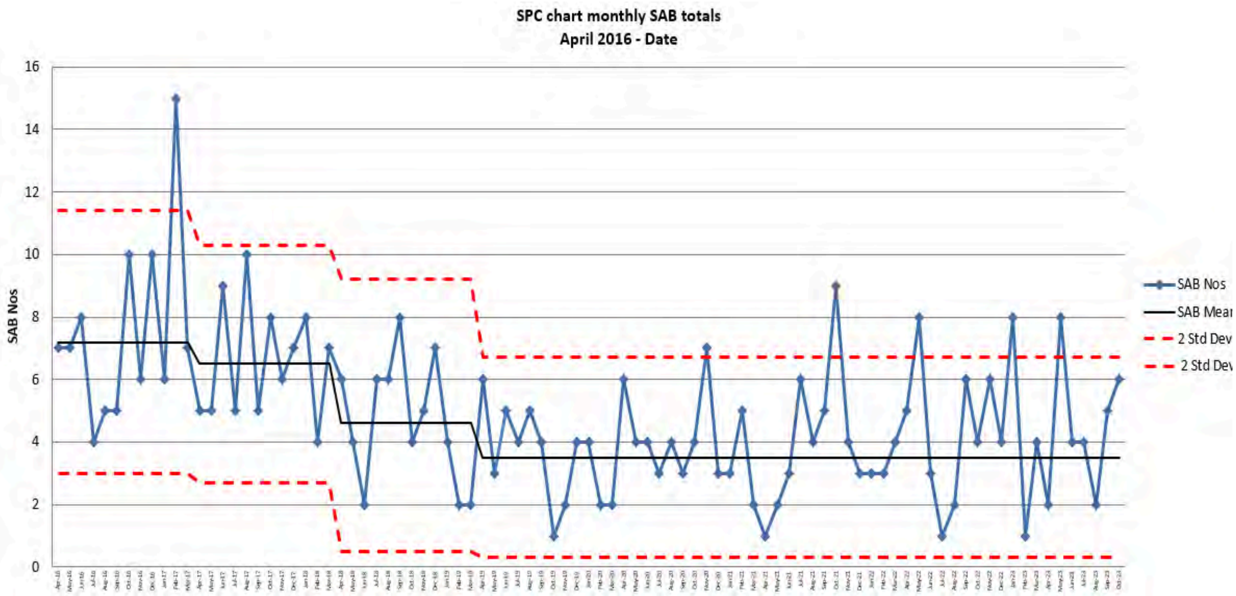


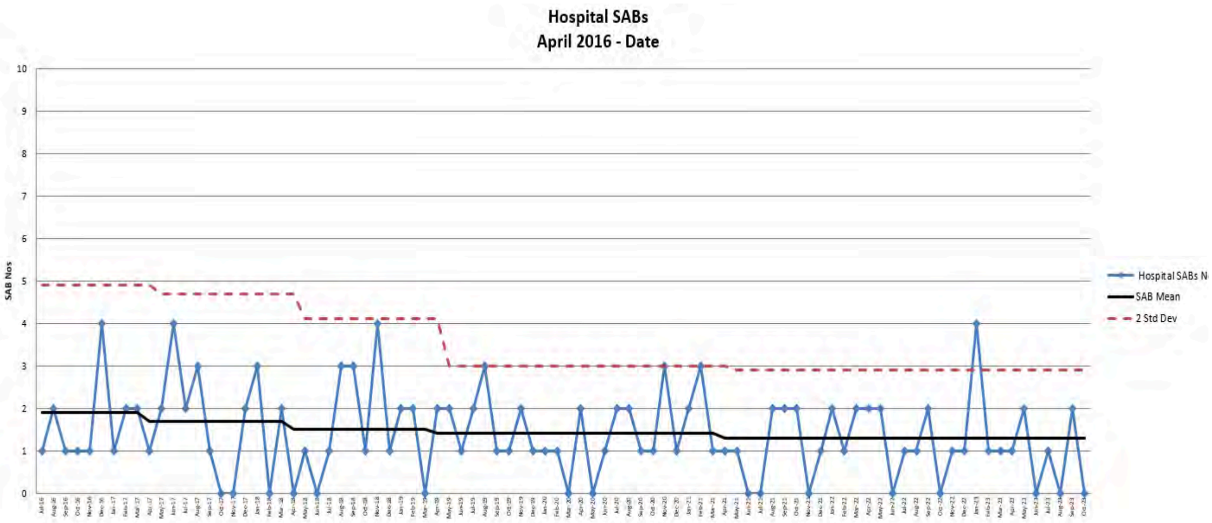
AOP Target
SAB bacteraemia rate per 100,000 total occupied bed days
June 19 - Date

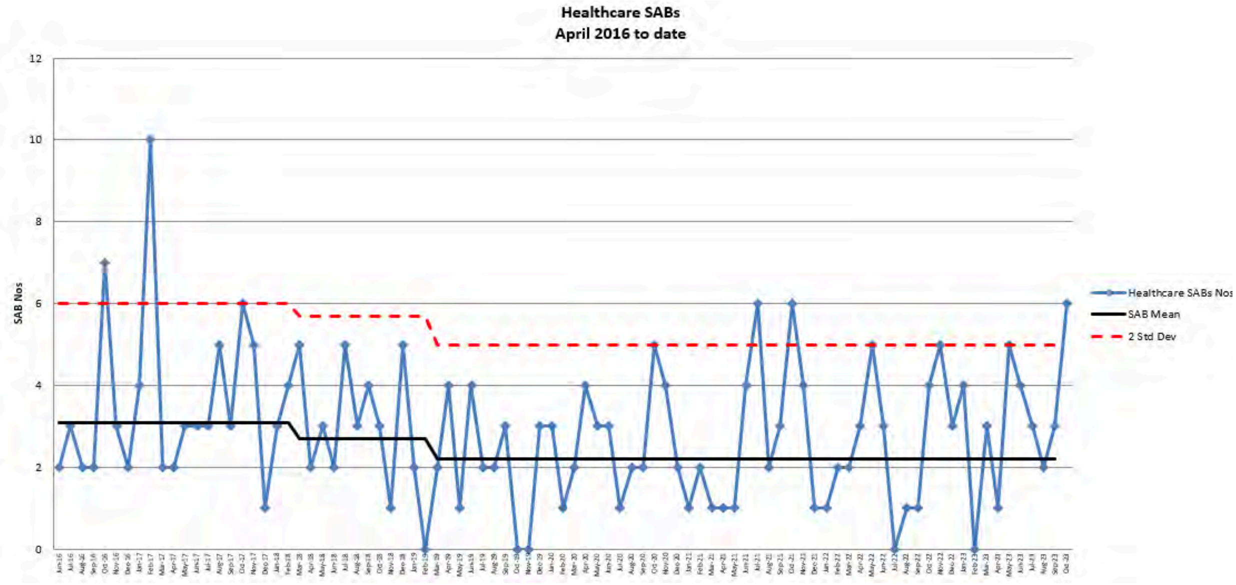


HAI Surveillance Statistical Processing Charts

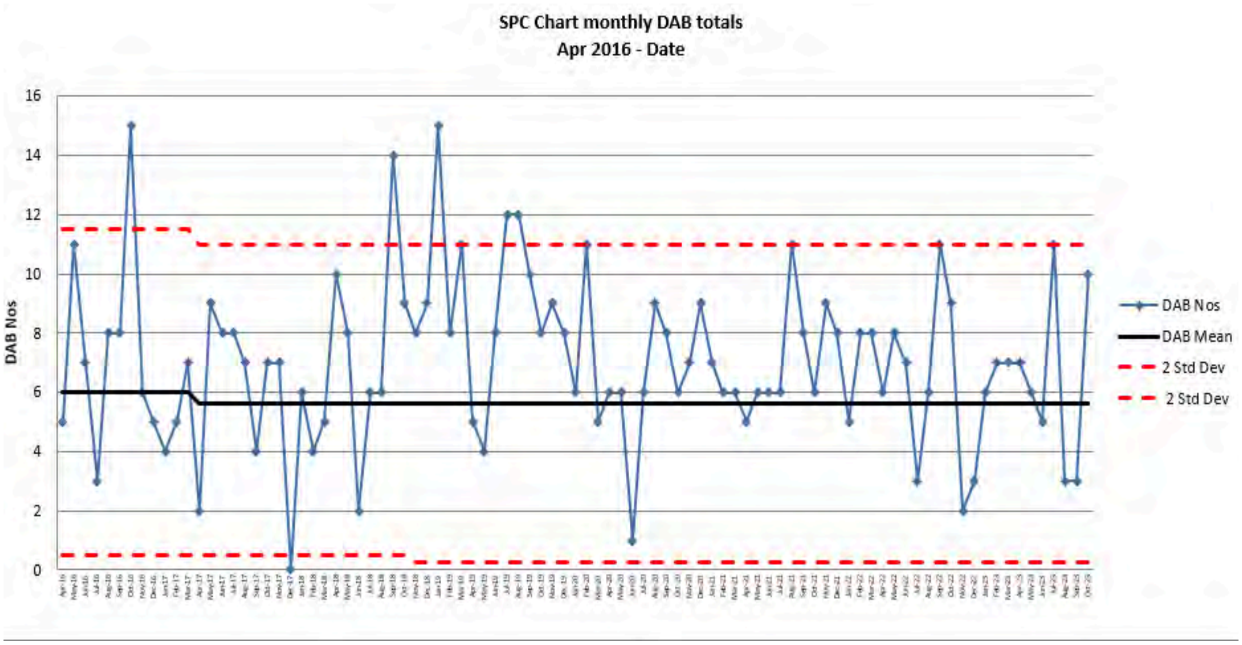
Staphylococcus aureus Bacteraemias (SABs)

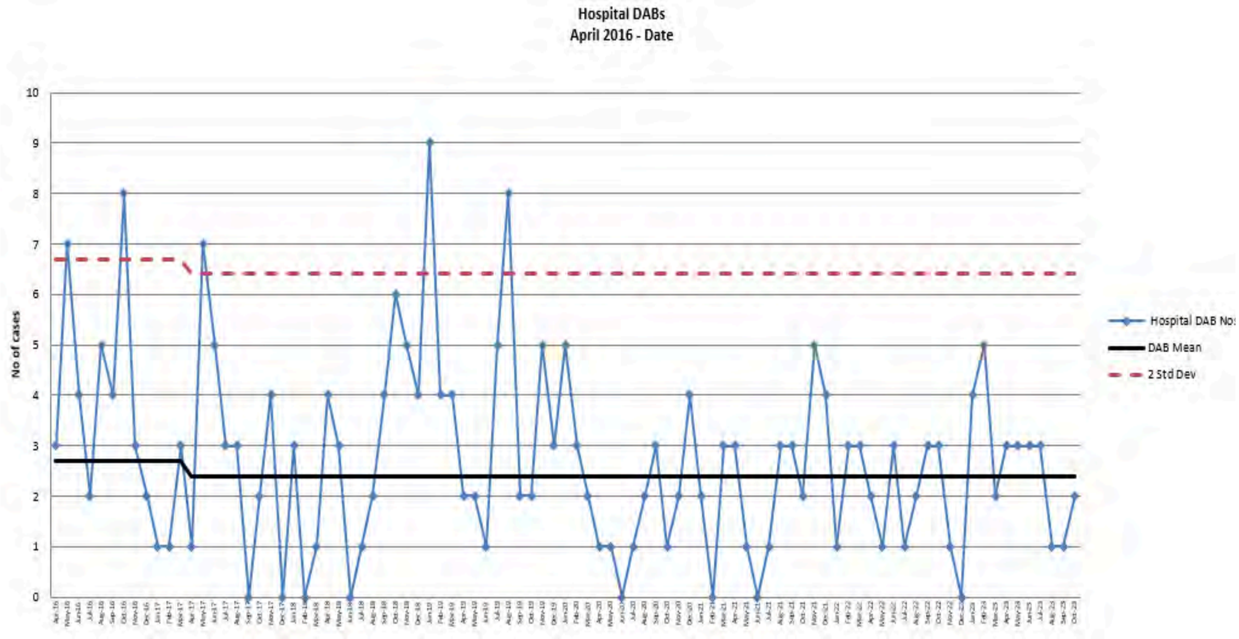


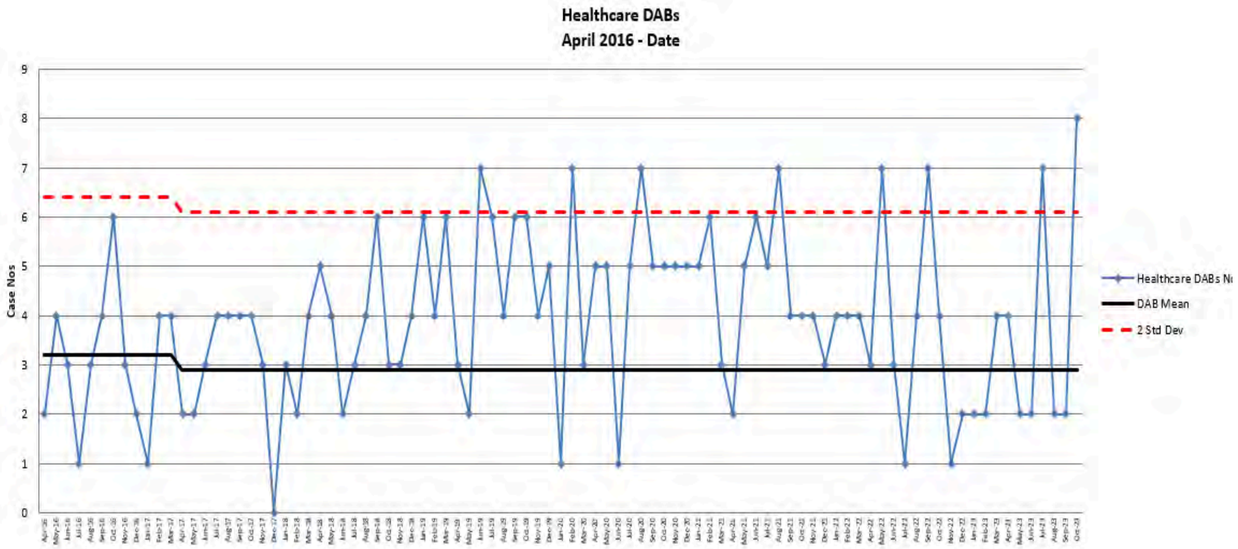




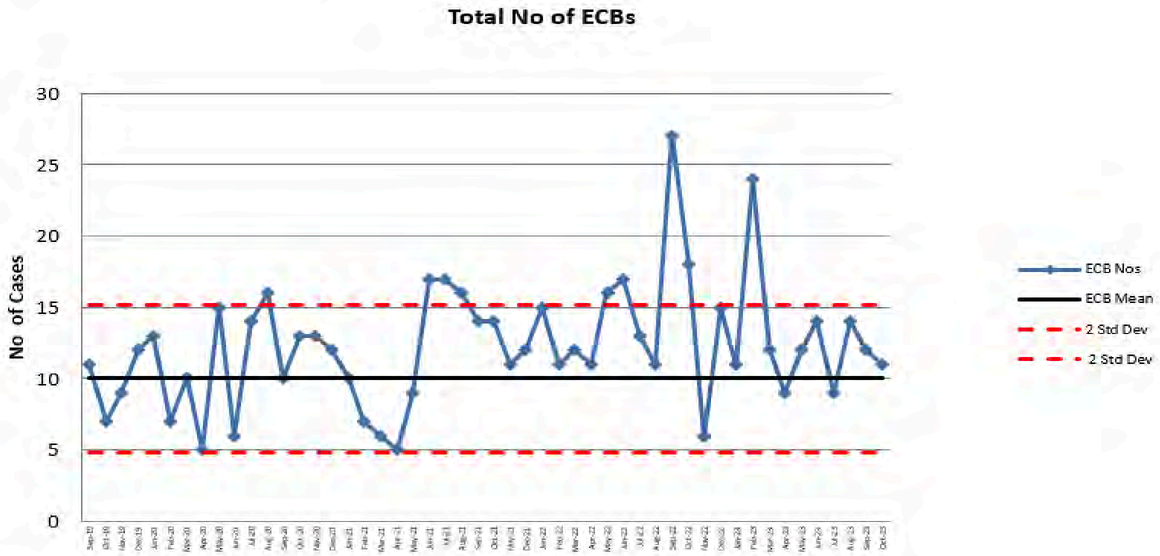
Device Associated Bacteraemias (DABs)

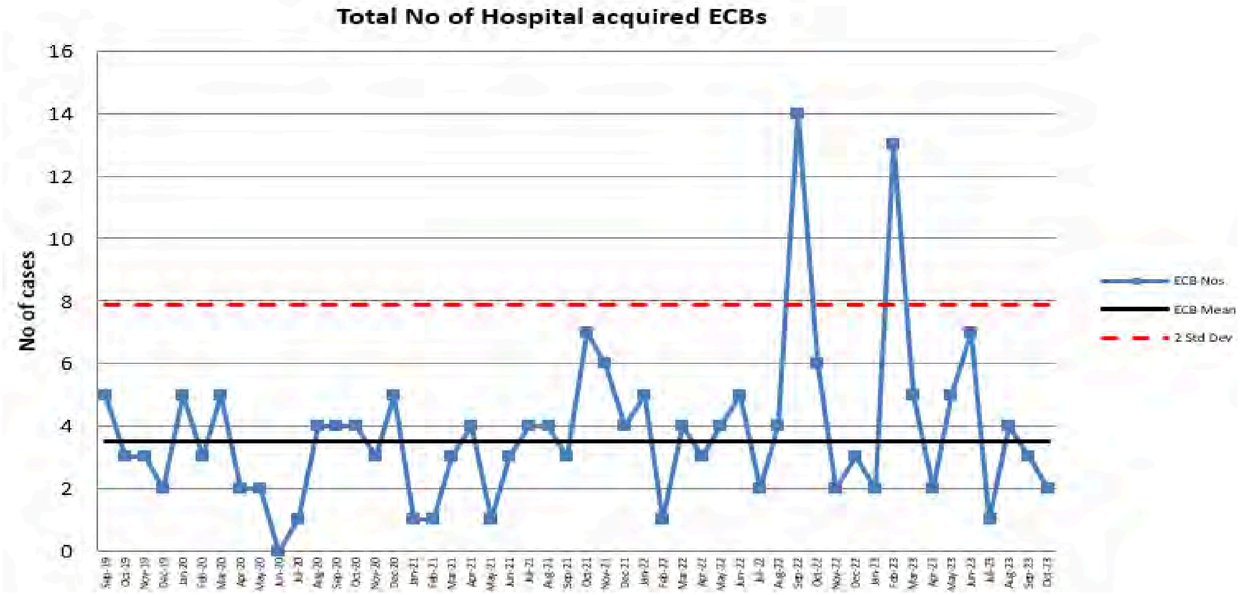

SPC Chart monthly DAB totals
Apr 2016 - Date
DAB Nos
16
14
12
10
8
6
4
2
0
DAB Nos
DAB Mean
2 Std Dev
2 Std Dev

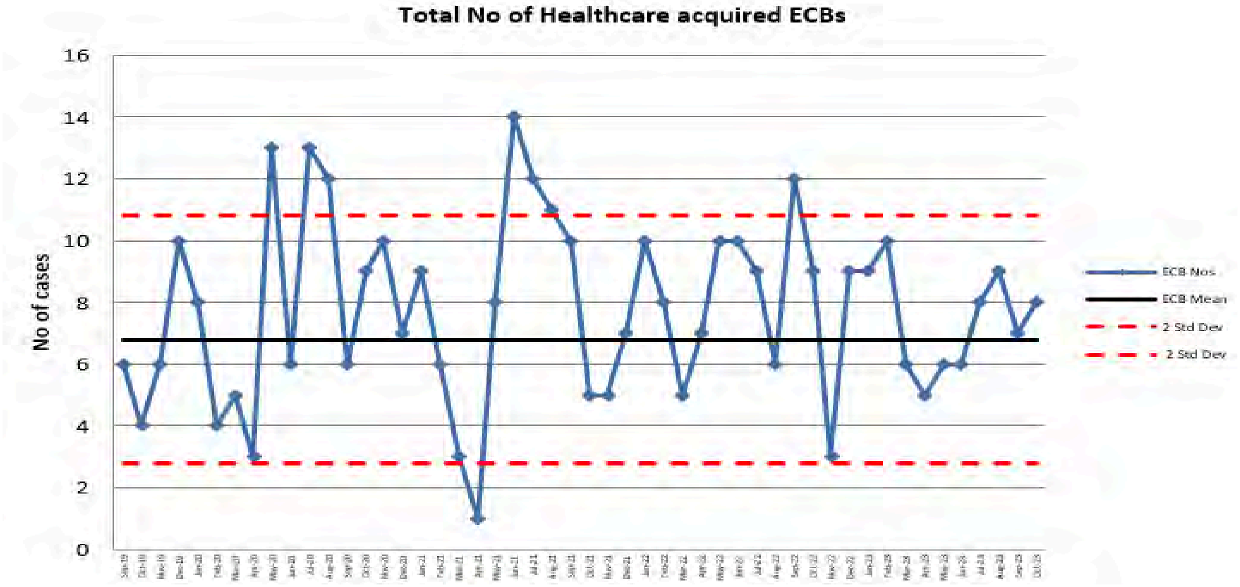

Hospital DABs
April 2016 - Date
No of cases
10
9
8
7
6
5
4
3
2
1
0
Hospital DAB Nos
DAB Mean
2 Std Dev



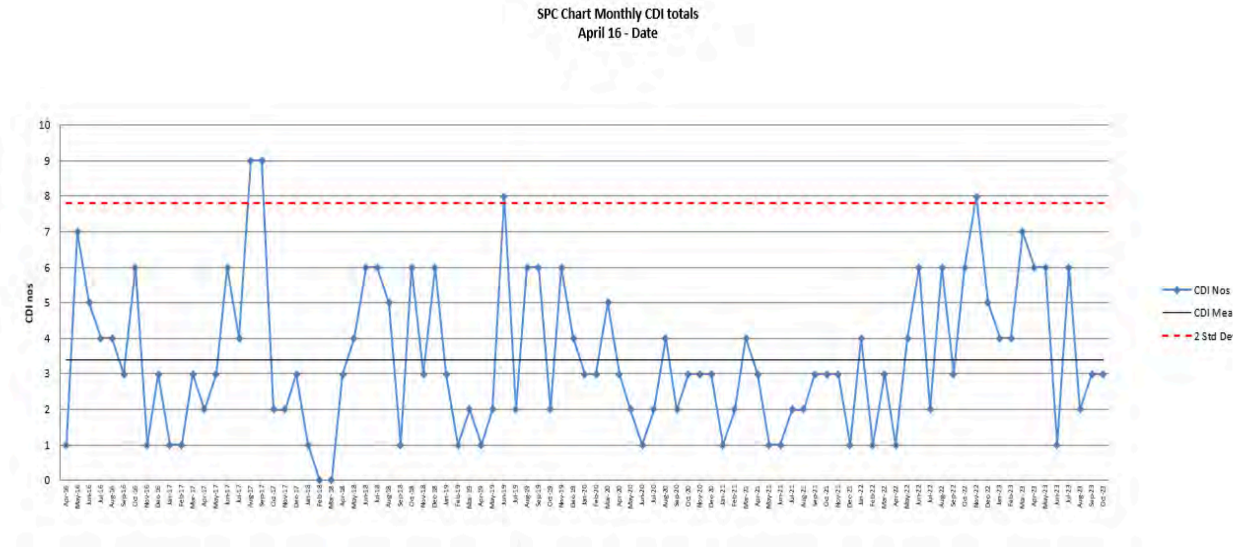
Escherichia coli Bacteraemias (ECBs)

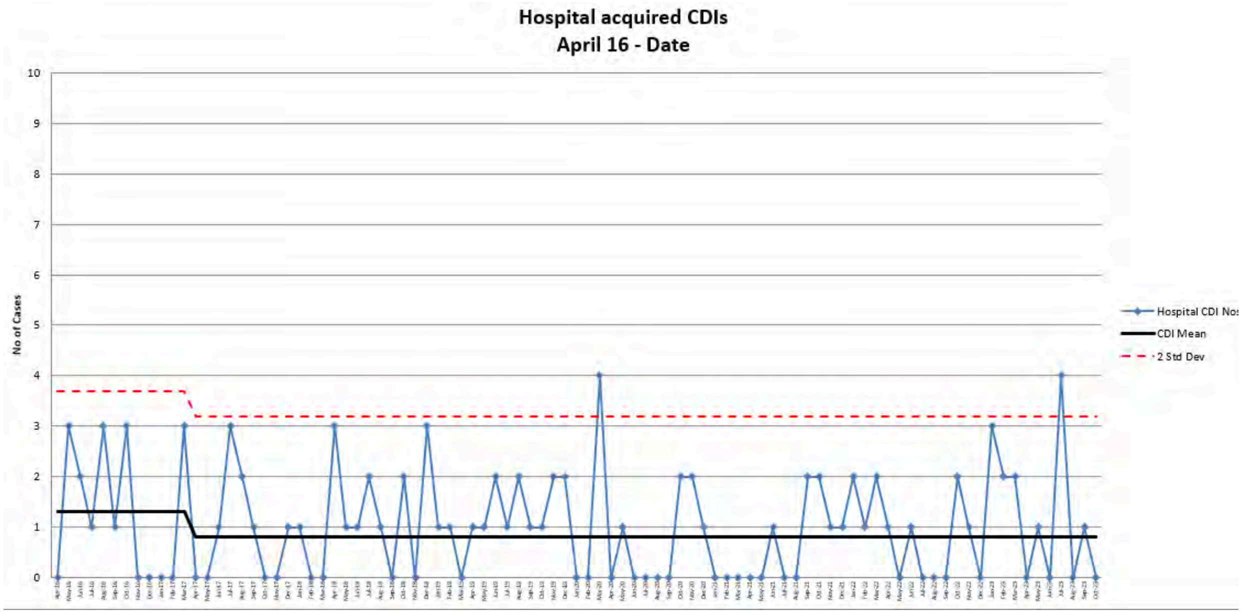


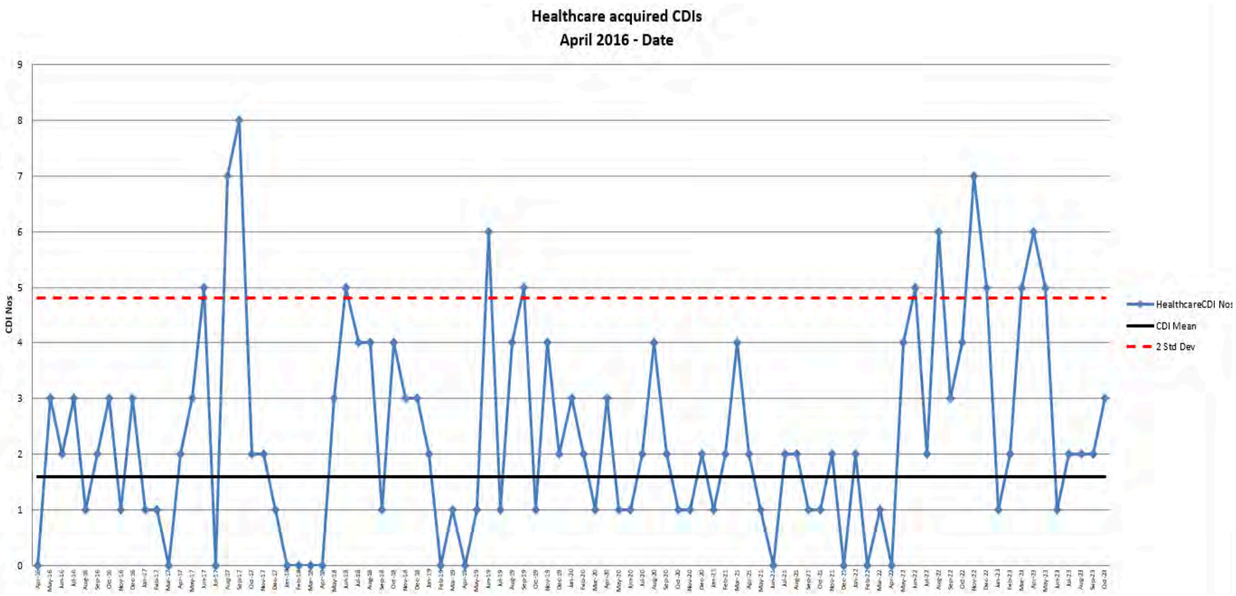




Clostridioides difficile Infections (CDIs)


SPC Chart Monthly CDI totals
April 16 - Date
CDI nos
0
1
2
3
4
5
6
7
8
9
10
CDI Nos
CDI Mea
2 Std Dev


Hospital acquired CDIs
April 16 - Date
No of Cases
0
1
2
3
4
5
6
7
8
9
10
Hospital CDI Nos
CDI Mean
2 Std Dev


Healthcare acquired CDIs
April 2016 - Date
CDI Nos
0
1
2
3
4
5
6
7
8
9
HealthcareCDI Nos
CDI Mean
2 Std Dev

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

7.2 Person Centred Complaints and Feedback Report – August 2023 For Assurance

Executive Sponsor: Prof Frances Dodd, Executive Nurse Director

Author: Mrs Pauline Easson-Donnelly, Person Centred Manager and Mrs Caroline Logan Person Centred Co-ordinator

Executive Summary

The report is to provide a comprehensive review of complaints activity across NHS Forth Valley taking into account the number of complaints received, local resolution, compliance with the 20 day national target, SPSO referrals and examples of actions taken following complaints. A detailed breakdown of the feedback mechanisms in place across the organisation is provided and this includes analysis of the weekly Inpatient Experience Survey's, Care Opinion, patient letters and NHS Forth Valley's Website.

Recommendation

The Board is asked to: -

• Note the current position of the complaints performance within the organisation. • Note the feedback activity across the organisation.

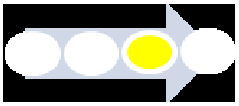
Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

[redacted]

controls with minor frequently but with evidence weaknesses present. of non-compliance.



A reasonable level of assurance has been proposed on the basis that processes are in place to monitor and manage complaints and feedback across the organisation ensuring learning. In addition, we are achieving the Key Performance Indicators as set by the Scottish Government.

Key Issues to be Considered

- The 20 day performance target for the period April 2023 – August 2023 is 59%, with the

  August performance at 56.7%.

- It is noted that the performance for Stage 1 is 80.7%, and Stage 2 performance is 18.4%

  for the period 1 April 2023 – 31 August 2023.

- Complaints under investigation by the SPSO. • Themes and Learning from Complaints • Patient Feedback and Care Opinion. • Expressions of Care – Patient Letters

Implications

Financial Implications

N/A

Workforce Implications

N/A

Infrastructure Implications including Digital

N/A

Sustainability Implications

N/A

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy

(DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate

emergency and sustainable development. *(please tick relevant box)* ☐ *Yes*

X N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

The report details complaints received and highlights the key performance indicators, this provides assurance and demonstrates learning through complaints and feedback. The report also evidences how staff are learning and improving services and care provision.

Information Governance Implications

N/A

Risk Assessment / Management

N/A

Relevance to Strategic Priorities

The Complaints & Feedback Performance Report directly relates to the Board Strategic priorities.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation No consultation required

Additional Information

N/A

Appendices

N/A

NHS
Forth Valley

NHS Forth Valley
What Matters to you? ....
@WMTYScot #wmty17
www.whatmatterstoyou.scot
Ask what matters, listen to what matters, do what matters
what matters to you?

NHS Forth Valley
What Matters to you? ....
@WMTYScot #wmty17
www.whatmatterstoyou.scot
Ask what matters, listen to what matters, do what matters

ask what matters • listen to what matters • do what matters
what matters to you?
www.whatmatterstoyou.scot

NHS Forth Valley
What Matters to you? ....
@WMTYScot #wmty17
www.whatmatterstoyou.scot
Ask what matters, listen to what matters, do what matters

Person Centred Health & Care Strategy

2017– 2019

"What matters to you, matters to us."

Person Centred

Complaints & Feedback

Care Opinion
What's your story?

Performance Report

August 2023

Person Centred Care
"What matters to you, matters to us"

“What matters to you, matters to us.”

At a glance 2023/24

Employs 6,800 staff

NHS Forth Valley serves a across Forth Valley population of 306,000

722 COMPLAINTS **302 COMPLIMENTS**

People
Background

received during April –were received during April

August 2023- **59**% YTD– August 2023 with the

Performance.Prison Healthcare Centre,

Oncology Unit, Children’s

August Performance –ward, Wards B21and B31

56.7%as high recipients of thank

you cards

16 Cases went to the SPS0, 13 cases • 152 stories were shared currently under investigation: on Care Opinion about • 2 - no investigation conducted NHS Forth Valley during • 0 - Fully Upheld July and August • 0 - Partially Upheld • 82% of the stories were • 0 - Not Upheld positive • 1 - Withdrawn • Stories have been read

11,233 times, averaging

74 times per story

Our social media platforms have attracted thousands of followers, by using Social Media we can promote and highlight important information to our wider community and to receive feedback.

Complaints Performance Summary

A summary of the complaints activity during the period 1 April 2023 – 31 August 2023 is provided below. The undernoted overview demonstrates that NHS Forth Valley continues to work towards achieving the local performance target of 80%.

Whilst the report provides a robust mechanism around reporting for governance purposes, it must be noted that the data provided reflects the increase in the number of complaints received during 2022/23 due to the easing of COVID restrictions compared to 2020/21 and 2021/22.

The Patient Relations Team continues to provide a comprehensive and supportive service to all our patients and families and works closely with staff in the management of complaints.

During the period April – August 2023, a total of 755 complaints (including complaints transferred/withdrawn/consent not received) have been received indicating a decrease of 16.4% compared to the same period the previous year. A further breakdown is provided in the report. It is noted that the percentage of complaints against NHS Forth Valley's patient activity represents 0.19% of the total number of complaints received during the period April – August 2023.

Performance indicates that 722 complaints have been investigated during April – August 2023 achieving a performance figure 59% compared to a performance figure of 78.8% in the same period for 2022/23. It is noted that there is a significant decrease in performance compared to the same period last year, and this can be attributed to an overall systems pressure within the organisation. In addition there have been staffing changes within the Patient Relations Team and the Team are working closely with the Directorates to overcome any challenges in managing the complaints handling process and responding to complainants in a timely manner.

The Team have worked diligently and focussed on reducing the number of complaints which have breached the 20 day target. The Team are very aware of the distress and upset that patients/relatives experience whilst waiting on a response to their concerns/complaints. A comprehensive and focussed person centred approach has been adopted to not cause any further distress to complainants by extending the delay they have already experienced in providing a response.

The table below provides a breakdown of performance month on month for the current year, and during August 2023, a total of 180 complaints have been investigated of which 56.7% have been responded to within 20 working days. It is noted that there has been a decrease in performance compared to the performance figure achieved in July (58.2%), and the Team are continuing to work closely with the Directorates to support staff during an overall systems pressure within the organisation. On analysis of Stage 1 complaints, it is noted Stage 1 activity has decreased by 31% and Stage 2 complaints have increased by 0.8% compared to the same period during 2022/23.

Overall Performance

Stage 1 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 50 88 68 74 83 363 No Responded to in 5 days 48 63 55 59 68 293 % responded to in 5 days 96.00 71.59 80.88 79.73 81.93 80.72 Stage 2 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 59 64 73 66 97 359 No Responded to in 20 days 7 17 12 9 21 66 % responded to in 20 days 11.86 26.56 16.44 13.64 21.65 18.38 Overall No of Complaints Received Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 109 152 141 140 180 722 No Responded to in 20 days 57 105 80 82 102 426 % responded to in 20 days 52.29 69.08 56.74 58.57 56.67 59.00

Performance Excluding Prisons

To provide a further breakdown of performance, the undernoted table demonstrates

the 20 day performance excluding prisons complaints. It is noted that overall

performance for responding to complaints (excluding prisons) is 37.8% as at August

2023.

Stage 1 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 21 29 25 20 13 108 No Responded to in 5 days 19 15 17 14 6 71 % responded to in 5 days 90.48 51.72 68.00 70.00 46.15 65.74 Stage 2 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 58 63 68 64 86 339 No Responded to in 20 days 5 15 12 9 16 57 % responded to in 20 days 8.62 23.81 17.65 14.06 18.60 16.81 Overall No of Complaints Received Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 79 92 93 84 99 0 0 0 0 0 0 0 447 No Responded to in 20 days 28 46 37 29 29 0 0 0 0 0 0 0 169 % responded to in 20 days 28.00 50.00 39.78 34.52 29.29 #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! 37.81

Prison Performance Only

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance for prison only complaints. It is noted that overall performance for responding to prison complaints is 93.5% as at August 2023.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	29	59	43	54	70								255
No Responded to in 5 days	29	48	38	45	62								222
% responded to in 5 days	100.00	81.36	88.37	83.33	88.57								87.06

Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	1	1	5	2	11								20
No Responded to in 20 days	0	0	0	0	5								5
% responded to in 20 days	0.00	0.00	0.00	0.00	45.45								25.00

Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	30	60	48	56	81								275
No Responded to in 20 days	29	59	43	53	73								257
% responded to in 20 days	96.67	98.33	89.58	94.64	90.12								93.45

Complaint Key Performance Indicators RAG – August 2023

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as at August 2023. Further details on each of the indicators are provided in the report.

Measure **Performance Direction As at status of travel**

KPI 1: Learning from Complaints August - 23 ◄► KPI 2: Complaints Process Experience August - 23 ◄► KPI 3: Self Awareness and Training August - 23 **-**KPI 4: Total Number of Complaints Received August - 23 ▲ KPI 5: Complaint Closed at Each Stage August - 23 ▼ KPI 6: Complaints Upheld and Not Upheld August - 23 ▲ KPI 7: Average Times August - 23 ◄► KPI 8: Closed in Full within the Timescales August - 23 ▼ KPI 9: Number of Cases where an Extension is Authorised August - 23 ▼

Key to Performance Status Direction of travel RED Outwith 5% of ▼ Deterioration in period **AMBER** Within 5% of ◄► Position maintained **GREEN** On track or ▲ Improvement in period **GREY** No trajectory or **▬** No comparative data

Complaints

The format of the following report reflects the Scottish Government's mandate to

capture performance for the Board against the 9 Key Performance Indicators as

outlined in the Complaints Handling Procedure.

Key Performance Indicator One: Learning from Complaints

The Indicator requires NHS Forth Valley to demonstrate any changes or improvements

to services or procedures as a result of a complaint investigation including matters

arising under the Duty of Candour.

Identified Learning

The undernoted top 3 themes of complaints received have been identified during April

2023 – August 2023 and a brief synopsis of learning from complaint themes is detailed

below:

1 Staff Attitude and Behaviour (245 themes)

- Member of staff to attend First Impressions Training following concerns raised regarding inappropriate comments made by member of staff.

- Explanation and apology provided following reflection on attitude and manner by Doctor.

2 Clinical Treatment/Problems with Medication/Prescribing (236 themes)

- Discussion held with nurses regarding the near miss of administering another patient's medication to a patient.

3 Poor Nursing Care (207 themes)

- Staff have reflected on the lack of communication with patient.

It is noted that the high number of complaint themes regarding Clinical Treatment/Problems with Medication/Prescribing are received from Prison Healthcare Services with 167 issues raised. The Prison Healthcare Team address the issues raised and explain comprehensively the reasoning to patients within the Scottish Prison Service. For example the Team will explain why changes are made to prescribed medications, the processes for requesting medication, etc. Barriers are encountered by the Team with patients refusing to understand why specific decisions are made and in a number of cases the patients will continually raise complaints regarding their medications.

Scottish Public Services Ombudsman (SPSO)

If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received 16 cases relating to NHS Forth Valley complaints during April 2023 – August 2023. The table below provides detail of the outcomes as at 31 August 2023 from the investigations.

2023/24 SPSO Outcomes	Total Number
Fully Upheld	0
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	2
Withdrawn	1

The Ombudsman issues a Decision Letter if:

- The organisation accepted there were failings, has apologised and taken action to prevent the problem from happening again;
- From the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure);
- The Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

Key Performance Indicator Two: Complaint Process Experience

The Complaints Handling Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a questionnaire has been designed to enable data to be collated.

The questionnaire is forwarded to all complaints managed under the Stage 2 process and complainants are requested to tick a box against a list of predetermined questions agreed by all NHS Boards in Scotland.

The Team are currently developing a process of collating the data from complainants to provide a higher rate of return and to provide the opportunity to learn through the complaints process.

Key Performance Indicator Three: Self Awareness and Training

Moving forward our aim is to provide a report in this section that gives quantitative data

relating to performance indicator 3.

Due to a number of staff changes within the Patient Relations Team, the Team are taking the opportunity to review the current training programme and develop a new programme which will be implemented during 2023/24. The programme will be implemented across NHS Forth Valley and will be updated in future Board reports.

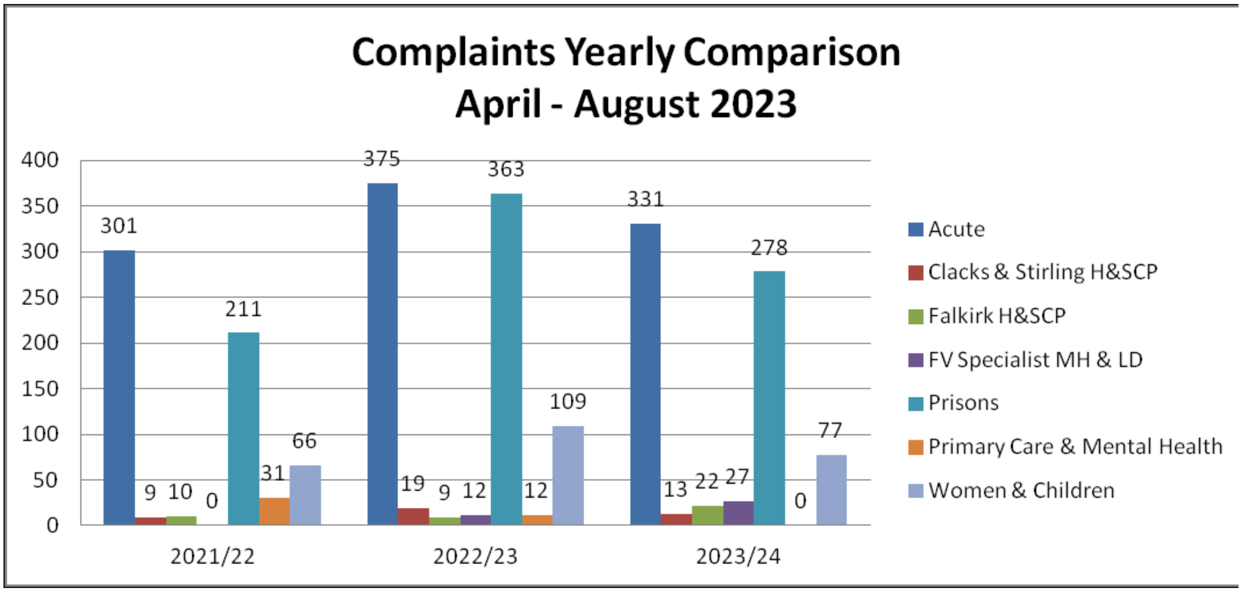
Key Performance Indicator Four: Total number of Complaints Received

Activity April – August 2023

During the period April – August 2023, a total of 755 complaints (including complaints

transferred/withdrawn/ consent not received) were received by the Patient Relations

Team and the graph below provides a comparison of the number of complaints received during the same period year on year.



It is noted that the Directorate structure has changed and this is reflected in the above

graph and not all complaints received are captured within the above Directorates.

To demonstrate the percentage of complaints against NHS Forth Valley's patient

activity it can be noted that 0.19% represents the total number of complaints against

patient activity during the period April – August 2023. In comparison the number of

complaints received represents 11.1% against the number of staff (excluding bank

staff) employed by NHS Forth Valley.

Key Performance Indicator Five: Complaint Closed at Each Stage

The table below details the number of complaints closed at each stage against the total number of complaints investigated (722) during April 2023 – August 2023. It is noted that 16.2% (117) of complaints received during this period remain unresolved.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	363	50.3%
Stage 2	234	32.4%
Stage 2 after escalation	8	1.1%

Key Performance Indicator Six: Complaints Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 complaints is provided.

The total number of complaints closed at Stage 1 for the period 1 April 2023 – 31 August 2023 is 363. It is noted that one Stage 1 closed complaint is awaiting an outcome. The table below provides a breakdown of the formal outcome.

% of Complaints Closed

Stage 1 No. Of Complaints Closed at Stage 1 Upheld Complaints 19 5.2% Not Upheld Complaints 336 93.4% Partially Upheld Complaints 4 1.1%

The total number of complaints closed at Stage 2 for the period 1 April 2023 – 31 August 2023 is 242, the table below provides a breakdown of the formal outcome.

% of Complaints Closed

Stage 2 No. Of Complaints Closed at Stage 2 Upheld Complaints 22 9.1% Not Upheld Complaints 173 71.5% Partially Upheld Complaints 31 12.8%

It is noted that 117 complaints remain open (as at 10 October 2023) for the period 1 April 2023 – 31 August 2023. The figures in the above table does not reflect the total numbers of complaints received for stage 2 as complaints remain unresolved and 16 closed complaints are awaiting outcomes. The outstanding complaints and outcomes are being actively progressed by the Team.

Key Performance Indicator Seven: Average Times

A reporting requirement of the Complaints Handling Procedure is to report on the

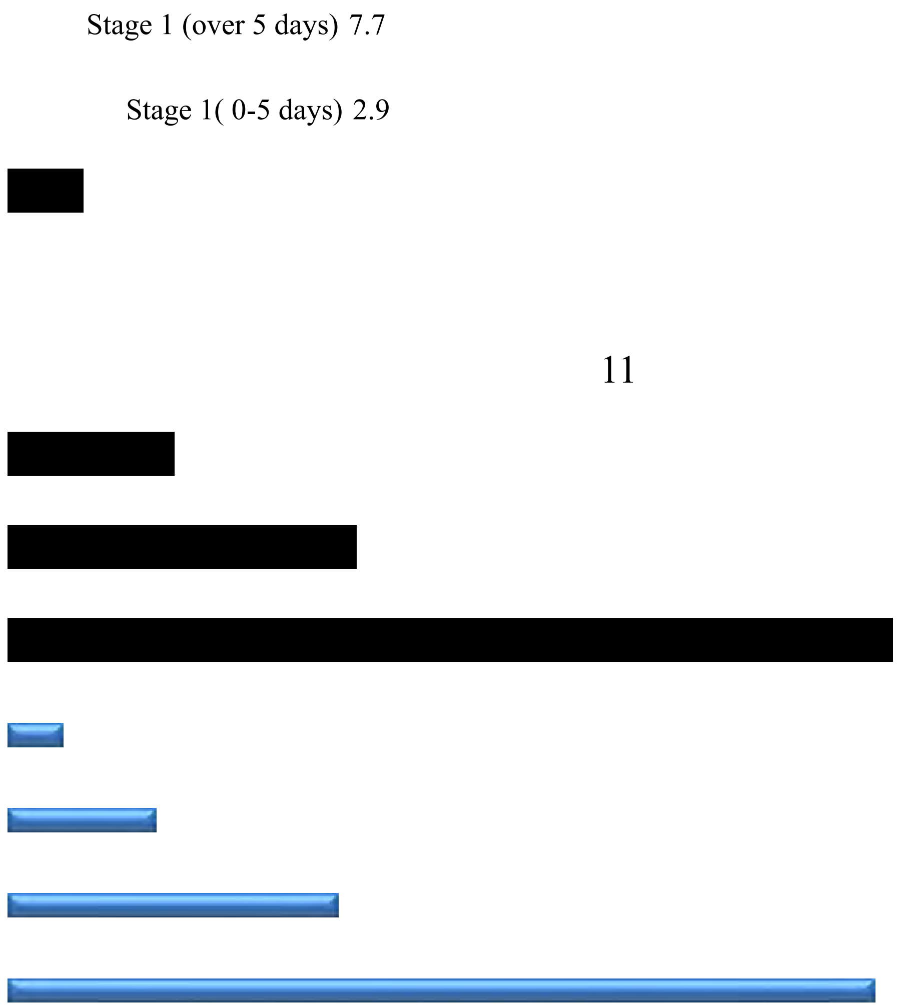
average times in working days to close complaints at each stage of the CHP and a detailed breakdown is provided in the table below:

Average Number of days

April 2023 - August 2023

Stage 2 (Over 20 days) 45.2

Stage 2 (0 - 20 days) 17.2



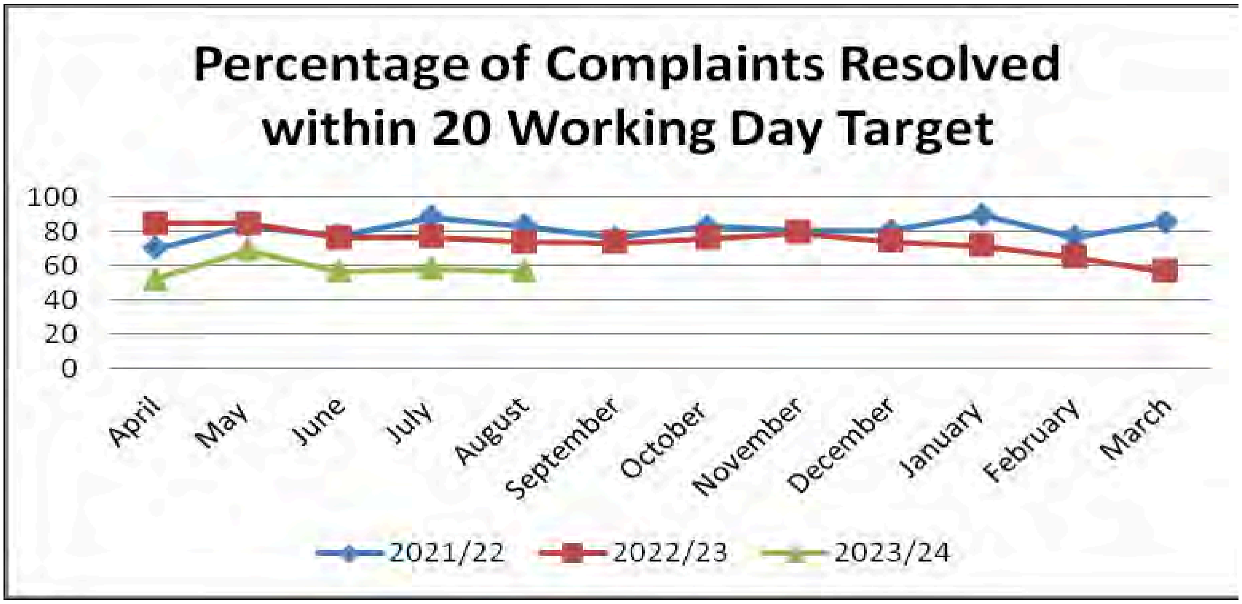
Key Performance Indicator Eight: Closed in Full within the Timescales

Overall Complaints Performance

In the period 1 April 2023 – 31 August 2023, 722 complaints have been investigated

of which 59% have been responded to within 20 working days. A comparison of

performance against 2021/22 and 2022/23 is detailed in the graph below.



Stage 1 and Stage 2 Performance

During August 2023, a total of 180 complaints have been investigated of which 56.7% have been responded to within 20 working days. A breakdown of the numbers of complaints received and investigated at each stage is detailed in the table and below, and further analysis of the complaints activity during June is provided. It is important to note April – August’s Stage 1 activity has decreased by 31% compared to the same period during 2022/23.

Stage 1 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of
Complaints Received 50 88 68 74 83 363 No Responded to in 5 days 48 63 55 59 68 293 % responded to in 5 days 96.00
71.59 80.88 79.73 81.93 80.72 Stage 2 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24

Mar-24 Yearly Total No of Complaints Received 59 64 73 66 97 359 No Responded to in 20 days 7 17 12 9 21 66 % responded to in 20 days 11.86 26.56 16.44 13.64 21.65 18.38 Overall No of Complaints Received Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Yearly Total No of Complaints Received 109 152 141 140 180 722 No Responded to in 20 days 57 105 80 82 102 426 % responded to in 20 days 52.29 69.08 56.74 58.57 56.67 59.00

In addition, Stage 2 complaints have increased by 0.8% compared to same period in

2022/23.

It is noted that there has been a decrease in performance compared to the

performance figure achieved in July (58.57%), and the Team are continuing to work

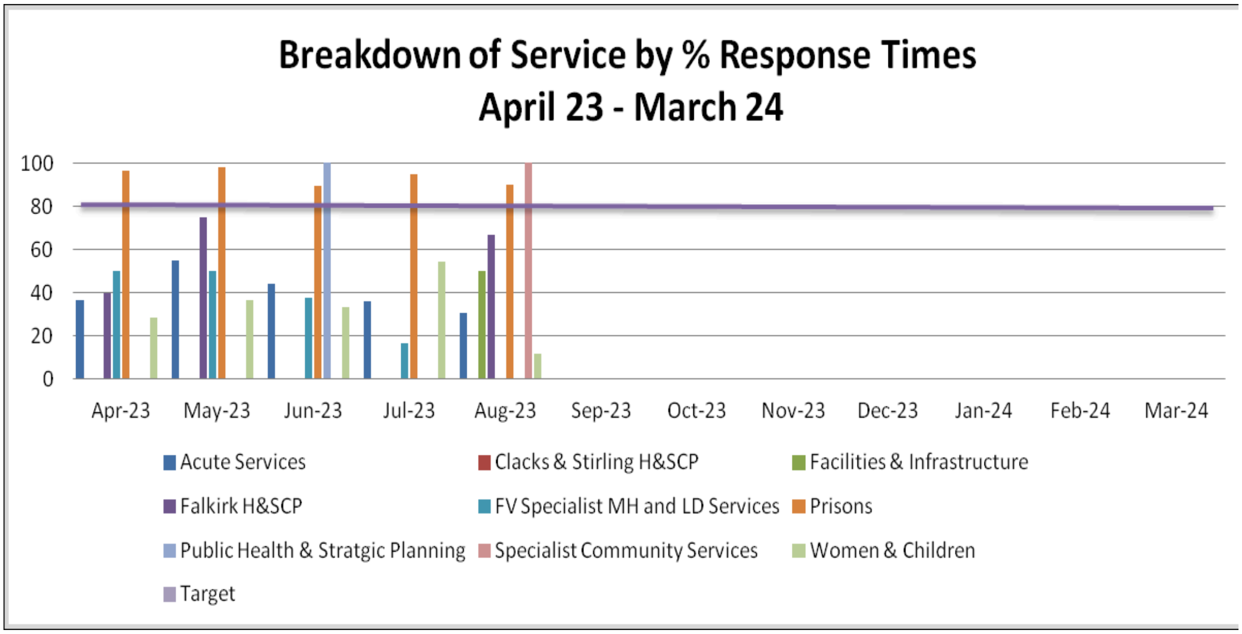
closely with the Directorates to support staff during an overall systems pressure within

the organisation.

Due to staffing changes within the Patient Relations Team, this has impacted on the workload within the Team and overall performance. In addition, the Team are developing new ways of working to streamline processes which will enhance the performance of the Team, the management of complex cases and provide a more robust service to our patients and their families.

The Patient Relations Team continue to hold a daily meeting to monitor the progress of all complaints and daily contact is made with all service areas that have active complaints. The purpose of the meeting is to ensure any overdue complaints are managed effectively and allow for early intervention. It is recognised that due to the high demands currently placed on services across the organisation, there are some delays in receiving information from staff.

The graph below provides a breakdown by service of the response times achieved from April – August 2023.



Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important to complainants that we respond to their complaints timeously and that

every effort is made to ensure that we do not cause a detrimental effect on the person

making the complaint. Not all investigations will be able to meet this deadline; however

the CHP allows an extension where it is necessary to complete the investigation. If there are clear and justifiable reasons for extending the timescale, the Patient Relations Officer in discussion with the Service Managers will set time limits on any extended investigation, as long as the person making the complaint is communicated with and agrees.

The Patient Relations Team are working to ensure that this key performance indicator is adhered to, and steps have been taken to ensure that a robust recording and monitoring process of extensions within Safeguard is in place.

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage compared to the previous year as at 31 August 2023:

Complaint Stage	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	528	363	80	46	15.2%	12.7%
Stage 2	356	360	199	228	55.9%	63.3%

Complaints Analysis

As part of the NHS Complaints Personnel Association for Scotland (NCPAS), NHS Forth Valley and other Boards have reviewed the themes associated with complaints with the aim of streamlining and adding clarity to the understanding of themes raised within complaints. The new themes have been replicated within the Customer Services module of Safeguard and are reflected within this section of the report.

An in-depth analysis of complaints is detailed within this section of the paper and it provides details of:

- Breakdown of the top 5 complaint themes by Service for August 2023
- Breakdown of the top theme by Service. • Prison complaint update

- Breakdown of the complaints received by Department

Acute 10 Falkirk H&SCP 1 Prisons 50 Women & Children 1

Clinical Treatment/Problems with Total 62 Medication/Prescribing

Acute 27 Clacks & Stirling H&SCP 1

Falkirk H&SCP 1 FV Specialist LD & MH 1 Prisons 8 Women & Children 3

Treatment – Poor Nursing Care Total 41

Acute 15 Clacks & Stirling H&SCP 2

Falkirk H&SCP 2 Prisons 9 Women & Children 9

Waiting Time/Date of Appointment Total 37

14

Acute 14 Falkirk H&SCP 3 FV Specialist LD & MH 1 Prisons 12 Women & Children 5

Communication – Not Given Full Total 35 Information

Acute 29 Clacks & Stirling H&SCP 2

Falkirk H&SCP 4 FV Specialist LD & MH 1 Prisons 3 Specialist Community 1 Women & Children 13

Staff Attitude & Behaviour Total 53

Complaint Themes by Directorate

A breakdown of the complaint themes is provided in the data below detailing the top issues raised within the Directorates/Services for August 2023.

Directorate Category Total

Acute Services Insensitive to Patient needs 14

Staff Attitude 14

Clacks & Stirling H&SCP Insensitive to Patient needs 2

Unacceptable Waiting Time for Appointment 2

Facilities & Infrastructure Condition Maintenance of Premises 1

Smoking 1 Transport Other 1

Falkirk H&SCP Insensitive Communication 2

Not Listening 2 Patient/Family Not kept Updated 2 Staff Attitude 2 Unacceptable Waiting Time for Appointment 2 Waiting for Referral 2

FV Specialist MH and LD Services Patient/Family Not Kept Updated 1

Insensitive to Patient Needs 1 Consent to Treatment Not given 1 Lack of Support 1 Treatment Didn't Have Expected Outcome 1 Waiting for Referral 1

Prisons Problems with Medication/Prescribing 26

Specialist Community Services Staff Attitude 1

Treatment Didn't Have Expected Outcome 1

Women, Children & Sexual Health Insensitive to Patient Needs 7

Unacceptable Waiting Time for Appointment 7

The data provides a clear understanding of the issues raised by complainants and the main areas for the Directorates to focus any key learning required or improvements to be made to services provided.

Prison Healthcare

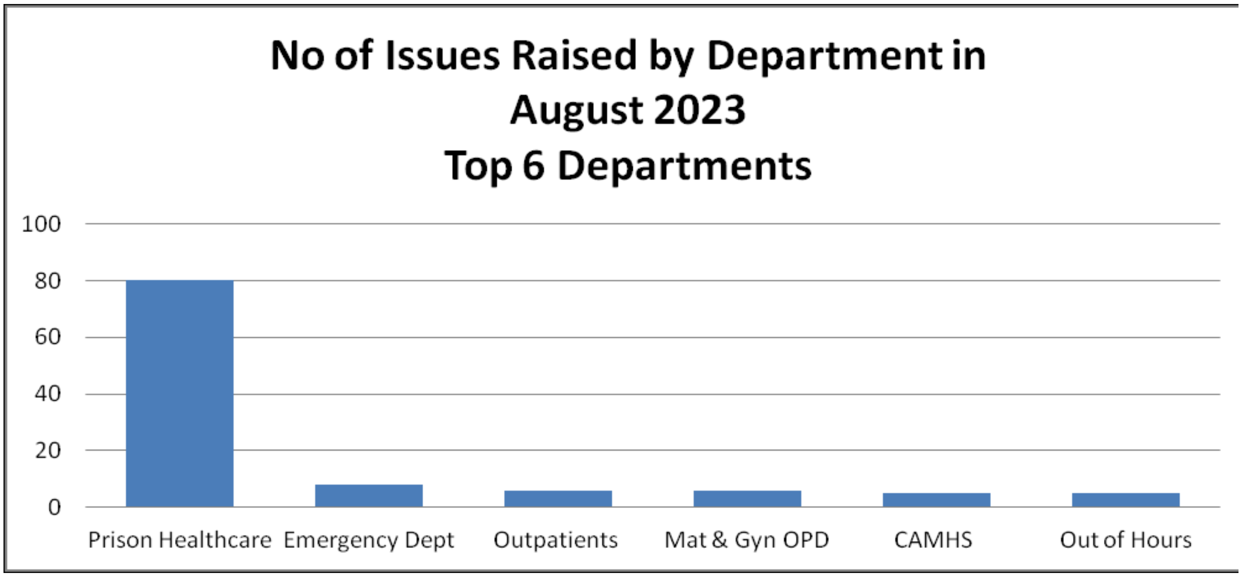
NHS Forth Valley is responsible for 3 Prison Healthcare Centre establishments within NHS Scotland – HMP Glenochil, HMP & YOI Cornton Vale and HMP & YOI Polmont.

The overall capacity and diversity of these three prisons equates to a complex mix of prisoners with an ageing population and associated complex health issues. The population accounts for 23% of the Scottish prison population.

Work continues with the Prison Healthcare staff to manage and resolve issues raised by the prison population. The Patient Relations Lead attends regular meetings with senior prison healthcare staff to provide support and guidance relating to the 9 Key Performance indicators.

Departments

In total there are 317 departments listed within the Safeguard database. During August 2023, 50 departments have received complaints. The top 7 departments are detailed in the graph below for August 2023. The graph represents the number of issues raised within a complaint, it should be noted that a single complaint can raise multiple issues and can cover multiple departments.



Person Centred Report

This section of the report highlights a range of projects/work the Person Centred Team

have undertaken to support patients, families and staff.

To support the development of patient experience a short live working group will meet

to discuss overall feedback and improvements which will be highlighted in the next report to show changes that have been made as a result feedback.

In-patient Experience Survey

As part of NHS Forth Valley's tool kit of gathering patient experience and feedback, each week 5 patients per ward are asked to complete the local in-patient experience questionnaire, this would normally be supported by ward volunteers who discuss the questionnaires with the patients, due to the current pandemic situation, this is currently being supported by ward staff and will be continuously reviewed with the aim of the volunteers returning when safe.

The following results show our patient feedback for the month of July & August 2023 across all in-patient areas in NHS Forth Valley. This data is collected on a weekly basis and is aggregated for purposes of this report. See below details of the top 3 positive results and the top 3 areas identified for improvement.

Top 3 Positive Results

1. 94%of patient responded staff introduced themselves. 2. 95% of patients responded staff discussed treatment in a way they could

understand.

3. 96% of patients responded they were welcomed to the ward.

Top 3 areas for improvement

1. 8% of patients responded that staff did not keep them informed. 2. 7% of patients responded that they were troubled by noise at night from other

patients.

3. 6% of patients responded that they did not know which nurse was in charge of their care.

In Patient Experience July & August 2023

100%

Don't Know

80% Not Applicable 60%

Neither Agree/Disagree

40% No Response

20% Strongly Disagree

Disagree

0% 1 2 3 4 5 6 7 8 9 Agree Q Q Q Q Q Q Q Q Q Q10

Q11 Q12 Q13 Q14 Q15 Q16 Q17 Q18 Q19 Q20 Q21

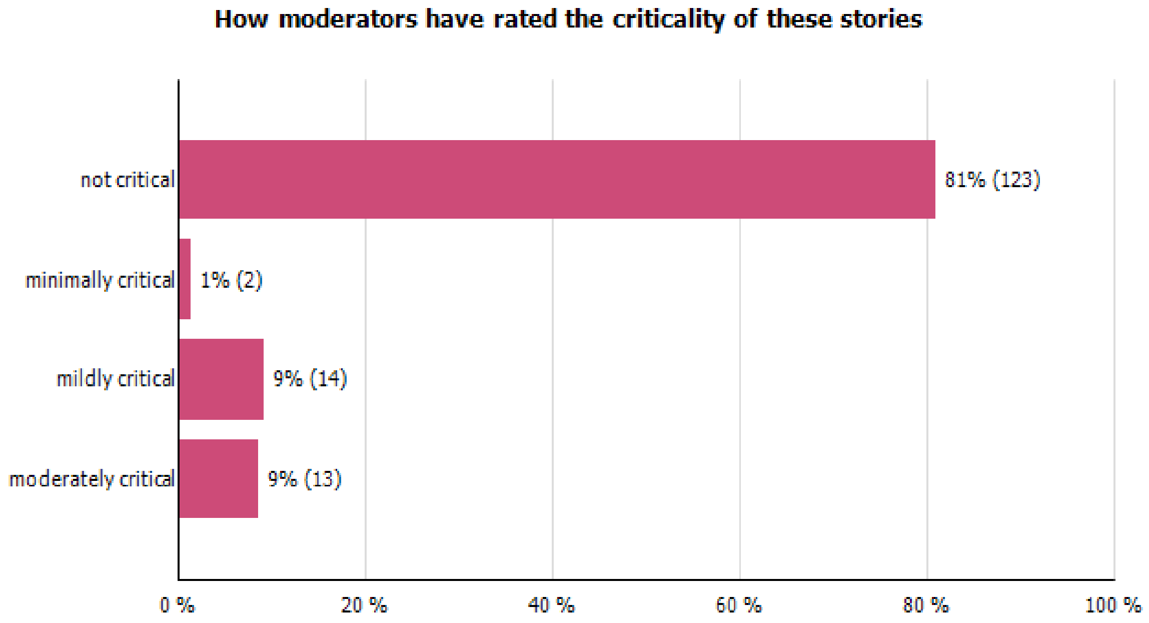
138 patients completed the inpatient experience survey for the months of July & August 2023

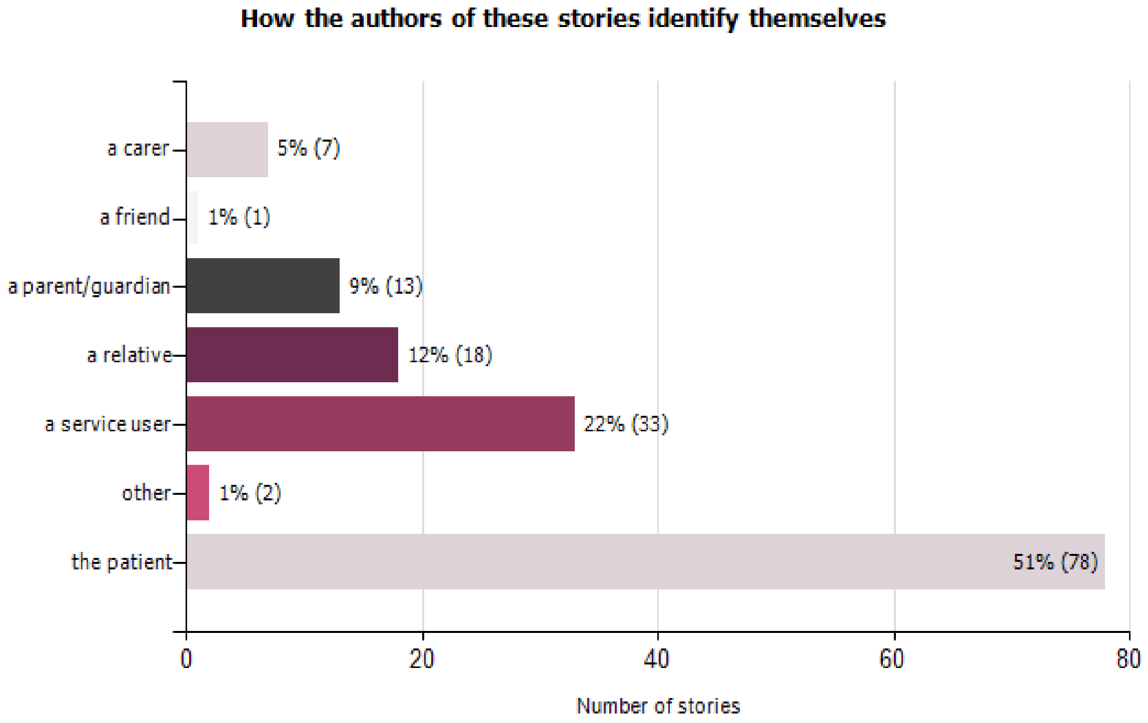
Care Opinion

During the months of July and August 2023 we have received 152 Care Opinion stories, to date the stories have been read 11,233 times. The tables below give details of how the moderators have rated the stories and who is telling the stories.

Table 1: details how the stories have been moderated, 82% of stories posted were rated as non critical/minimally critical

Table 2: 73% of stories were posted by patients/service users.


How moderators have rated the criticality of these stories



What was good?

The wordle below details what people thought was good about their experience.

- Patients fed back that staff were professional and friendly

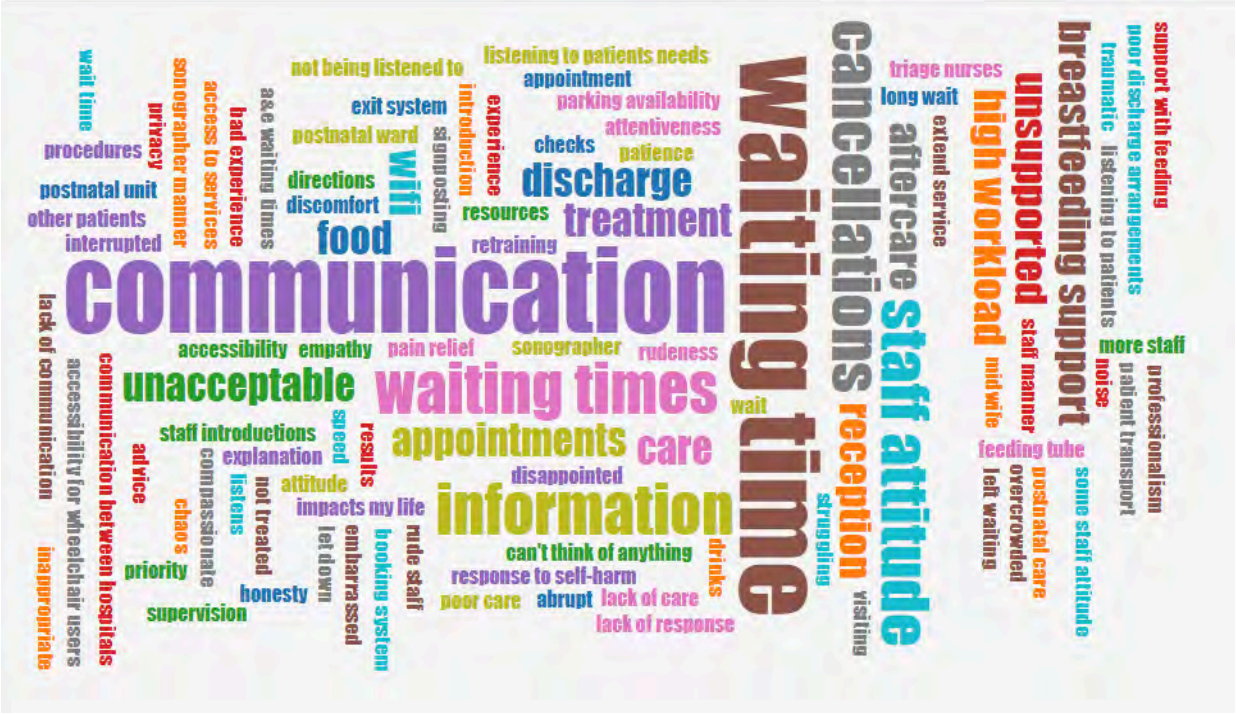
staff
professional
friendly
nurses
care
reassuring
explanations
communication
caring
kindness
helpful
doctor
level of care
treatment
understanding
above and beyond
efficient
amazing
great team
nurse
kind
a credit
wonderful
patience
compassion
all staff
service
advice
fantastic
humour
team
helped me
supportive
receptionist
excellent
tests
food
ward staff
facilities
theatre team
call handler
consultant
nursing team
caring staff
attentive
on time
recovery
welcoming
domestics
comfortable
happy
doctors
empathy
kept informed
knowledge
auxilliaries
face to face
5 star
thank you
out of hours
patient
lovely staff
thorough
great service
amazing care
waiting time
quick response
given time
in safe hands
exceptional care
ambulance crew
amazing staff
cleanliness
person-centred
anaesthetist
compassionate
family support
courtesy
plaster cast
nursing care
occupational therapist
clear support
great care
cared for
excellent care
timely
calm
seen quickly
wonderful staff
professionalism
encouraging
informed
listened to
reception
student nurse
at home
nothing too much trouble
procedure explained
friendly staff

The tag **'communication'** was mentioned in 15 stories

What could be improved?

The wordle below details what could have improved their experience.

- Communication
- Waiting times
- Staff attitude


communication
waiting time
cancellations
staff attitude
breastfeeding support
unsupported
high workload
aftercare
information
waiting times
unacceptable
appointments
care
discharge
treatment
food
reception
wifi
wait time
procedures
postnatal unit
other patients
interrupted
privacy
sonographer manner
access to services
bad experience
a&e waiting times
not being listened to
exit system
postnatal ward
directions
discomfort
signposting
introduction
experience
listening to patients needs
appointment
parking availability
attentiveness
checks
patience
resources
retraining
triage nurses
long wait
extend service
support with feeding
poor discharge arrangements
traumatic
listening to patients
more staff
noise
professionalism
patient transport
staff manner
midwife
feeding tube
postnatal care
overcrowded
left waiting
some staff attitude
accessibility
empathy
pain relief
sonographer
rudeness
wait
struggling
visiting
drinks
staff introductions
explanation
speed
results
disappointed
attitude
impacts my life
listens
not treated
compassionate
advice
chaos
priority
supervision
honesty
let down
embarrassed
booking system
rude staff
can't think of anything
response to self-harm
poor care
abrupt
lack of care
lack of response
lack of communication
accessibility for wheelchair users
communication between hospitals
inappropriate

Person Centred Team Emergency Department Visits

A member of the Person Centred Team visits the Emergency Department on a daily basis to speak with patients and provides (non Clinical) support to patients and their loved ones. The table below details the support the Person Centred Team provides and feedback received from patients.

- Total number of patient contacts 40 during the month of July 2023. Due to shortage of staff the Person Centred Team were unable to offer support to during the month of August 3023.

The table below gives a small example of the support the team provides and feedback from the patients and their families.

Support Provided

Department busy, patients all okay. Spent time with one lady and chatted about her experience, requested support healthcare support worker to assist with personal care, checked back in with lady later on much more comfortable.

Chatted with a lady and spoke about her experiences and her family life lots going on. Staff Nurse asked me to support family in resus, spoke with family offered support and help with anything, family very grateful for support provided by staff and for kindness and care shown towards them.

Provided tea and toast to gentleman in chairs.

Department busy, patients all okay. Chatted with gentleman in chairs. All okay waiting on scan and felt very supported by staff and grateful for care received.

Spoke with a care home carer in treatment area concerned that patient had not eaten and about her medication, did not want to bother staff. Provided patient with tea and toast and staff re-assured carer re medication.

Chatted with patient and her family provided pillow and spent time with them. Spoke with gentleman who had chatted to previously grateful for care. Department busy, patients all okay. Staff with patients or sleeping. Provided tea/toast to family member who had been with dad overnight. Spent time and chatted with gentleman who was being discharged. Patient very grateful towards staff for kindness shown towards them. Department busy, patients all okay. One family waiting to see doctor, a bit frustrated with length of wait, apologised to family but were re-assured and understood the demands placed on staff within the department. Spent time with patients and chatted. Spoke with one lady who had meet before, re-assured her and chatted.

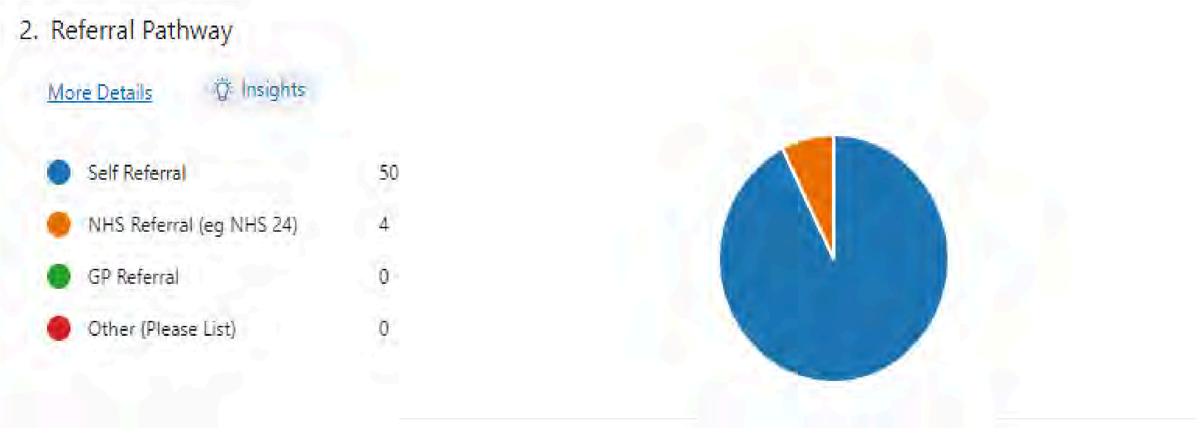
Department busy. Spoke with a lady who was confused and wanting to go home. Spoke with staff member shared the ladies concerns, staff spent time with her and much more settled.

Provided chairs to relatives waiting with family member and chatted. Provided tea/toast to family member who had been in overnight with relative.

Feedback received from patients is shared with the SCN of the department on a weekly basis. When a concern is raised by a patient or a loved one, it is highlighted to the nurse in charge and is dealt with.

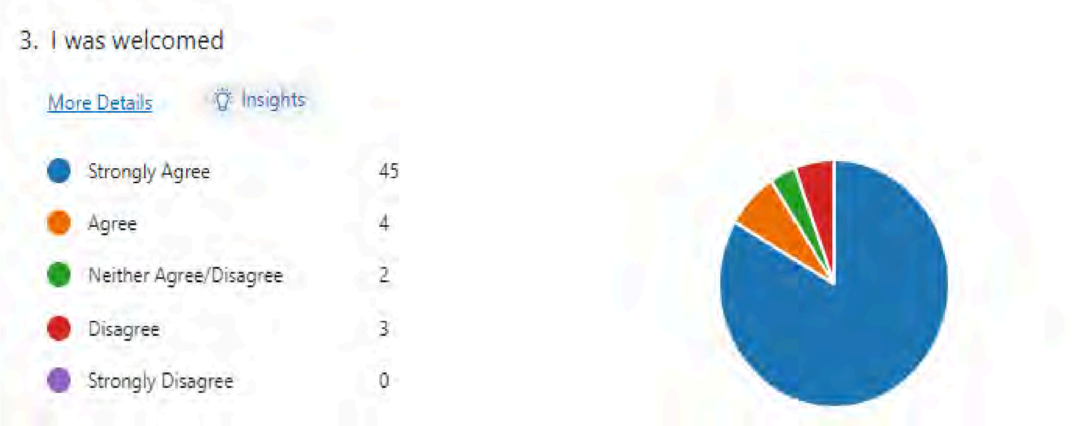
Emergency Department Patient Experience Feedback

5 patients per week are asked to complete the patient experience survey, 54 surveys were completed during the months of June to August 2023.


More Details
Insights

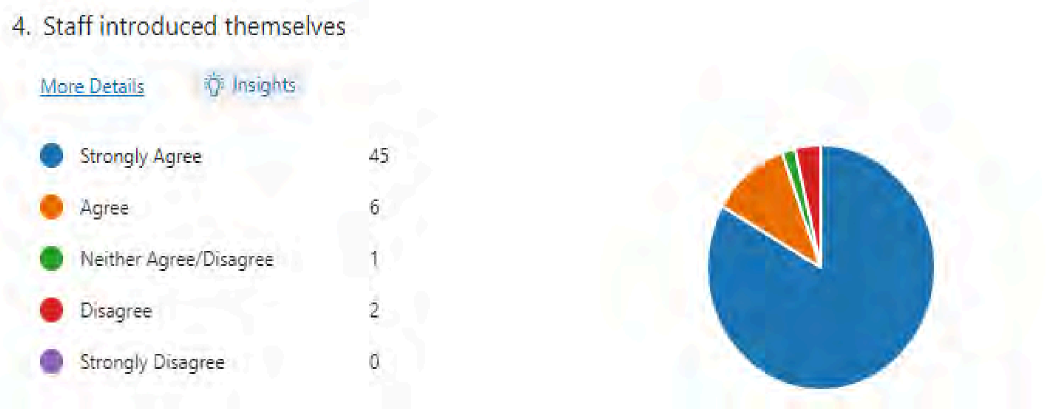
2. Referral Pathway

●	Self Referral	50
●	NHS Referral (eg NHS 24)	4
●	GP Referral	0
●	Other (Please List)	0


More Details
Insights

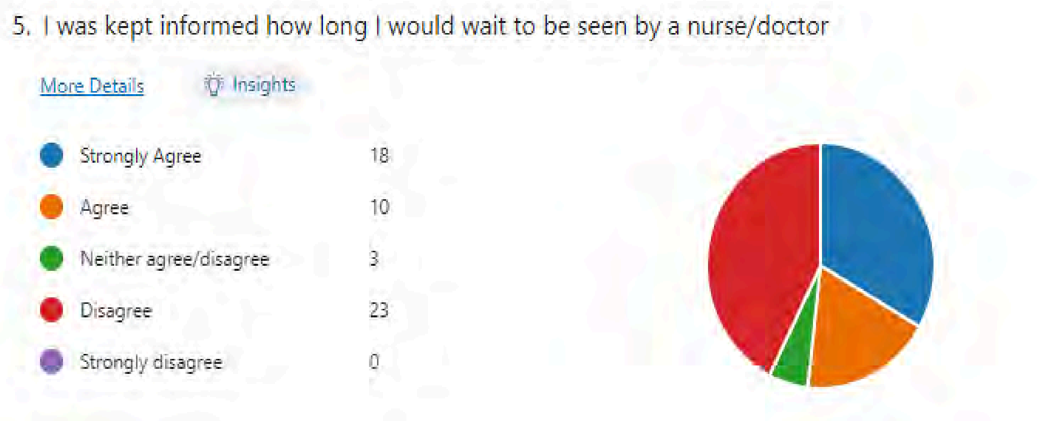
3. I was welcomed

●	Strongly Agree	45
●	Agree	4
●	Neither Agree/Disagree	2
●	Disagree	3
●	Strongly Disagree	0


More Details
Insights

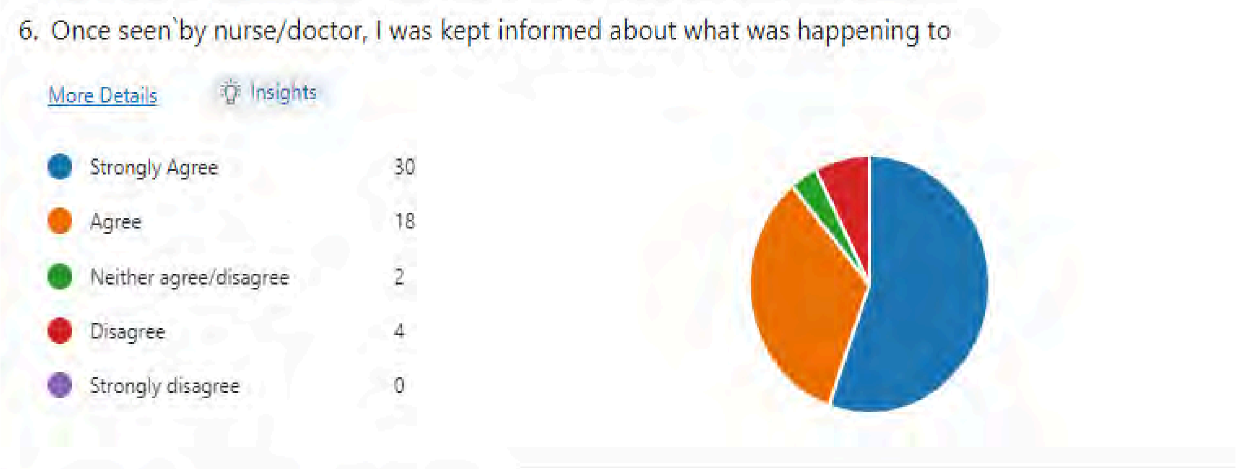
4. Staff introduced themselves

●	Strongly Agree	45
●	Agree	6
●	Neither Agree/Disagree	1
●	Disagree	2
●	Strongly Disagree	0


More Details
Insights

5. I was kept informed how long I would wait to be seen by a nurse/doctor

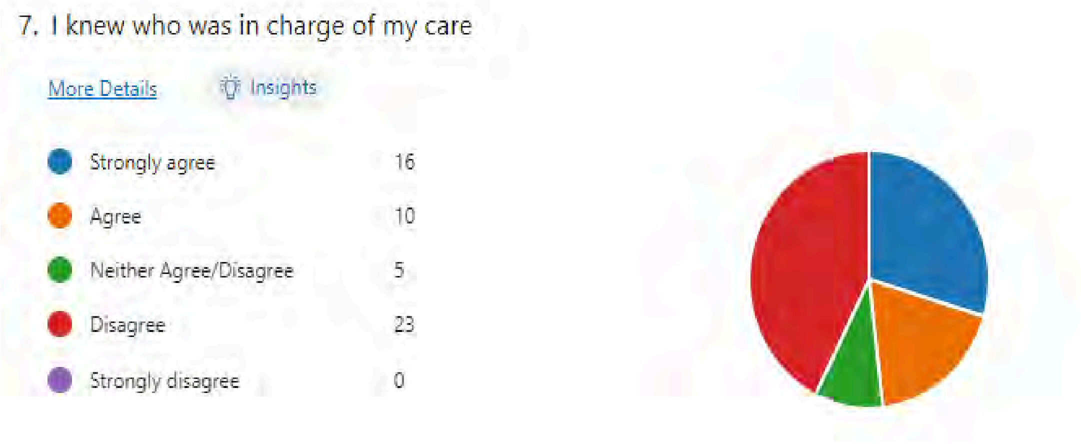
●	Strongly Agree	18
●	Agree	10
●	Neither agree/disagree	3
●	Disagree	23
●	Strongly disagree	0



6. Once seen`by nurse/doctor, I was kept informed about what was happening to

More Details
Insights

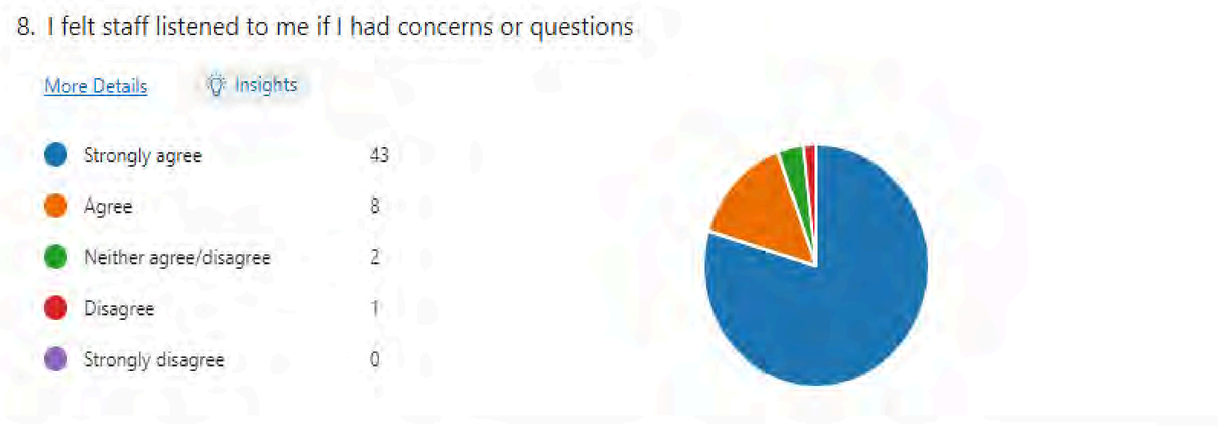
●	Strongly Agree	30
●	Agree	18
●	Neither agree/disagree	2
●	Disagree	4
●	Strongly disagree	0



7. I knew who was in charge of my care

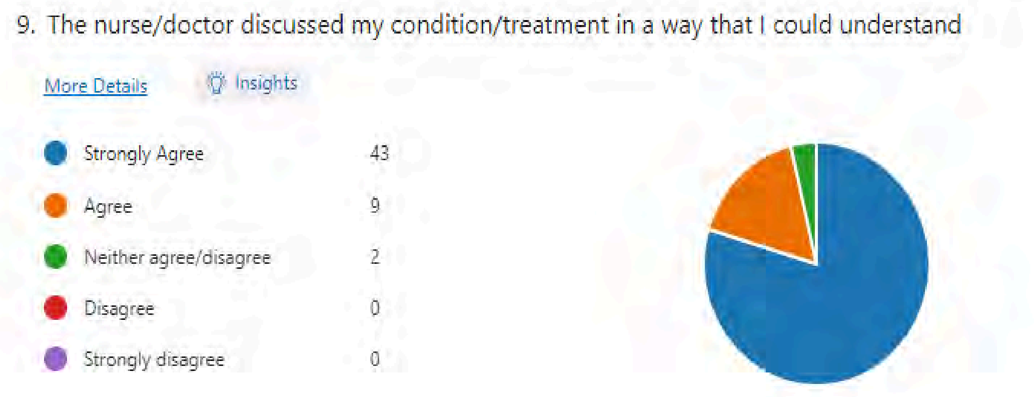
More Details
Insights

●	Strongly agree	16
●	Agree	10
●	Neither Agree/Disagree	5
●	Disagree	23
●	Strongly disagree	0


More Details
Insights

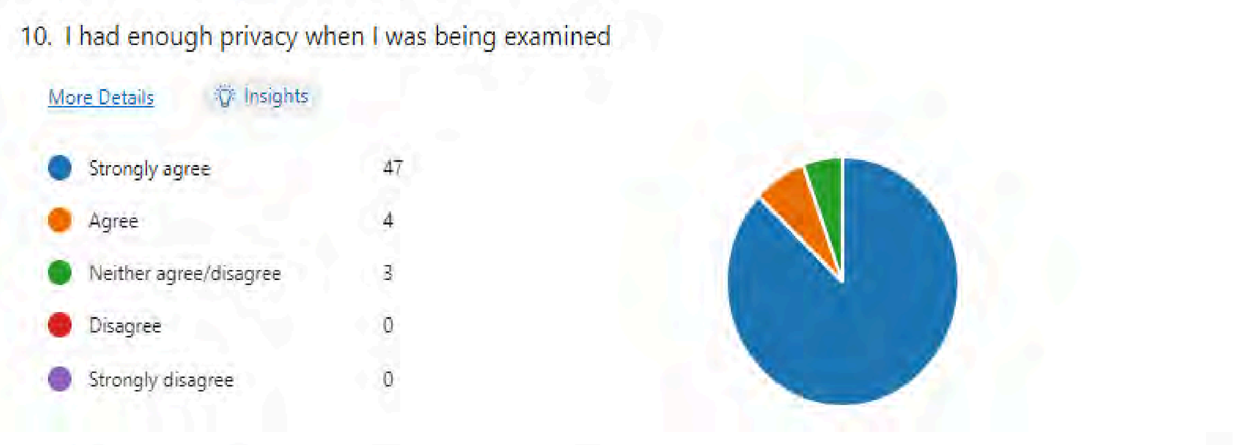
8. I felt staff listened to me if I had concerns or questions

●	Strongly agree	43
●	Agree	8
●	Neither agree/disagree	2
●	Disagree	1
●	Strongly disagree	0


More Details
Insights

9. The nurse/doctor discussed my condition/treatment in a way that I could understand

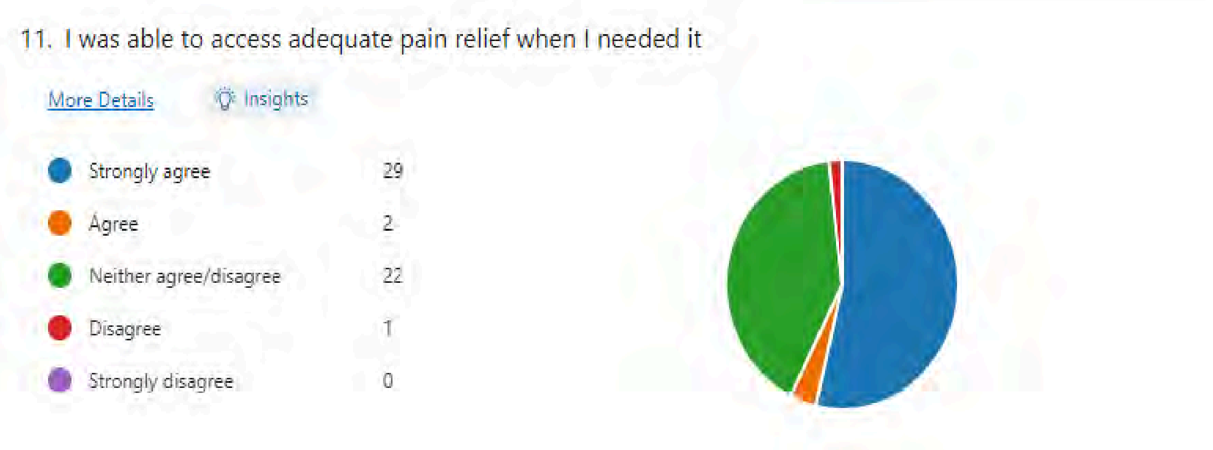
●	Strongly Agree	43
●	Agree	9
●	Neither agree/disagree	2
●	Disagree	0
●	Strongly disagree	0



10. I had enough privacy when I was being examined

More Details
Insights

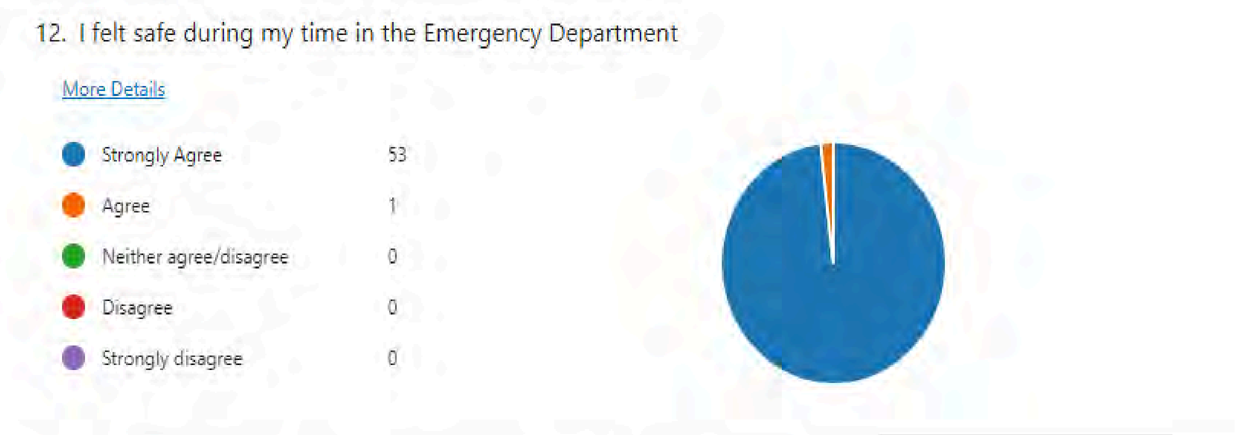
●	Strongly agree	47
●	Agree	4
●	Neither agree/disagree	3
●	Disagree	0
●	Strongly disagree	0



11. I was able to access adequate pain relief when I needed it

More Details
Insights

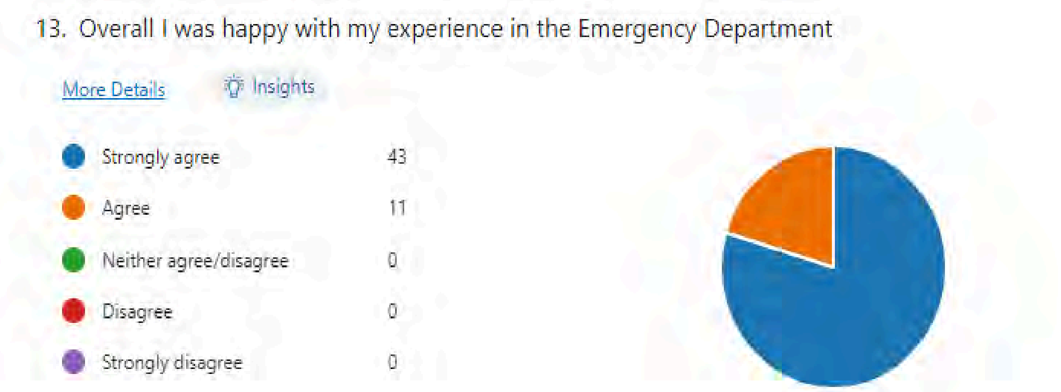
●	Strongly agree	29
●	Agree	2
●	Neither agree/disagree	22
●	Disagree	1
●	Strongly disagree	0



12. I felt safe during my time in the Emergency Department

More Details

●	Strongly Agree	53
●	Agree	1
●	Neither agree/disagree	0
●	Disagree	0
●	Strongly disagree	0



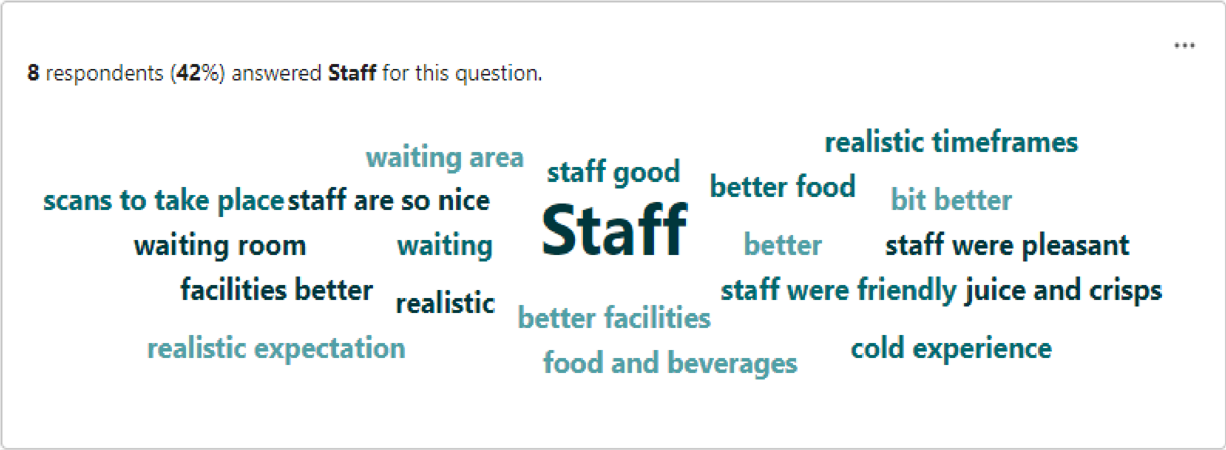
13. Overall I was happy with my experience in the Emergency Department

More Details

●	Strongly agree	43
●	Agree	11
●	Neither agree/disagree	0
●	Disagree	0
●	Strongly disagree	0

Q15. What could have made your experience better while in the Emergency Department?

W



8 respondents (42%) answered **Staff** for this question.

realistic timeframes
waiting area
staff good
better food
scans to take place
staff are so nice
bit better
Staff
waiting room
waiting
better
staff were pleasant
facilities better
realistic
staff were friendly
juice and crisps
better facilities
realistic expectation
food and beverages
cold experience

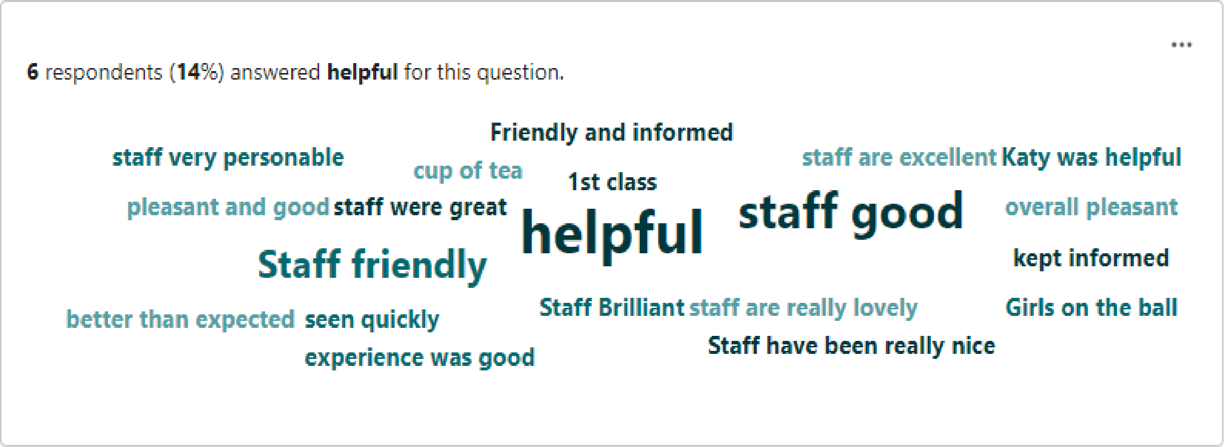
Patient Comments:-

"Provide realistic expectations for scans to take place – being told realistic timeframes."

"Waiting area needs improves, better facilities food and beverages, not everyone wants juice and crisps, it's a cold experience coming into the waiting area."

"More staff, would like to be kept better informed about what's happening to me"

Q16. Was there anything particularly good about your experience in the Emergency Department?



6 respondents (**14%**) answered **helpful** for this question.

Friendly and informed
staff very personable
cup of tea
staff are excellent
Katy was helpful
1st class
pleasant and good
staff were great
helpful
staff good
overall pleasant
Staff friendly
kept informed
better than expected
seen quickly
Staff Brilliant
staff are really lovely
Girls on the ball
experience was good
Staff have been really nice

“Girls are on the ball, kept me informed, treated well

“Everything fine, staff lovely”

“Friendly and informed”

Person
Centred
Care

"What matters to you, matters to us"

Expressions of Care – Patient Feedback

NHS Forth Valley pro-actively encourages feedback to inform service improvements, ensuring that care is safe, effective and person centred. The comments and letters below demonstrate the range of positive expressions of care we have received, in the words of those providing the feedback.

Orthopaedic Surgery

I underwent knee surgery early last year performed by Dr Howeson at Forth Valley Hospital. I am delighted to report that thanks to his timely intervention I was able to complete the National Three Peaks Challenge in 2022 and in June this year I completed a solo/unaided cycle from Stirling Castle to the Colosseum in Rome, raising over £38,000 for the Eilidh Brown Respite Home. Please pass on my eternal gratitude to Dr Howison and everybody at Orthopaedics who looked after me. My best wishes

Emergency Department & Maternity Services

I was recently a patient in Forth Valley hospital after becoming unwell at 34 weeks pregnant. I had put off coming in for about 5 hours of being violently sick and in a lot of pain as I can't stand hospitals and would rather be in the comfort of my own bed when unwell, but it was coming to the point I didn't have a choice. I came into a&e and was seen straight away by triage who were very patient and compassionate, and I didn't feel undermined like I have in the past. The nurse Sarah had phoned the maternity ward straight away and provided me with anti-sickness which helped instantly and got me into a bed which made a huge difference. Within 2ish hours I was already upstairs and waiting to be seen which I thought was amazing as when coming into hospital you expect to wait 6+ hours!

I was then admitted to ward 8 where all the nurses/midwives/students and doctors made me feel so comfortable and at ease and made my experience there so much better. I felt cared for and as if they truly cared about me getting better. I was checked in on constantly even though I'm sure the ward was very busy for them. Unfortunately, I can't remember everyone's names apart from Lesley but thank you to everyone who looked after me that day you truly make a difference in people's lives and experiences in hospitals and you are definitely in the right career :) x

Radiology Department

Just back from an appointment this evening for my husband. As it was after 5 pm the reception was closed. We were approached by a male cleaner. I felt he went above and beyond to make sure we got to the correct area and assured us that staff would attend to us soon. As I was there waiting for my husband, I was aware that he did this to other attendees. I was really impressed by his manner and feel he should be applauded!

Neurology

Today I saw Professor Pal for a neurology appointment and after a disappointing appointment with one of your orthopaedic doctors the week before I was delighted to find such a caring, considerate doctor. He took time to really listen, he didn't dismiss my concerns and made me feel like my difficulties are legitimate. He recognised the impact they are having on my overall wellbeing. I mentioned that I would like to try for a baby soon- something which could complicate the treatment I receive- but he didn't treat this as a problem and instead he clarified how treatment could impact that.

I have damaged ligaments at the moment, and he also showed concern for that, making me feel like a whole person and not just an appointment to get through. He really made a big difference for me. I hope he gets to see this feedback

Assurance – Performance and Demonstrating

Person
Centred
Care

"What matters to you, matters to us"

Improvements & Learning

This section of the report provides assurance and demonstrates work being progressed to enhance the management of complaints, feedback and learning, and person centred care to the Board.

- Provide a listening service through the Person Centred Team for those who do not wish to raise a complaint or a concern.
- Maintain the system wide approach to ensure that the Board’s local target in respect of the Complaints Handling Procedure is achieved, however whilst acknowledging the ongoing systems pressure our staff are encountering.
- Ensure that performance is maintained and that there is an emphasis on the use of the Stage 1 complaint’s process throughout the organisation particularly during the current COVID-19 pandemic.
- Provide continued support to staff around the importance of gathering feedback and learning to inform change and improve the services we deliver.

- To support local teams following the completion of an investigation within the CHP ensuring that the response is shared with staff involved in the process.
- A focussed journey of continuous improvement to the quality of responses provided to complainants ensuring a consistent person centred response is provided.
- All SPSO outcomes will go through appropriate local governance groups to ensure shared learning across the organisation.
- Developing a system wide focussed action orientated response to upheld complaints.
- Self-awareness and training has now recommenced with sessions being carried out for staff and future training is planned across a wide variety of staff within Forth Valley.
- Continued collaborative approach working with the Health and Social Care Partnerships to enhance and develop an integrated approach to the Complaints Handling Procedure, learning and reporting.

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

7.3 Performance Report

For Assurance

Executive Sponsor: Ms Amanda Croft, Interim Chief Executive

Author: Ms Kerry Mackenzie, Head of Policy & Performance; Ms Claire Giddings, Corporate Performance Manager

Executive Summary

The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Report is presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance.

Recommendation

The Performance & Resources Committee is asked to:

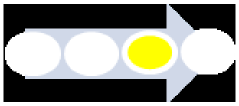
• **note** the current key performance issues. • **note** the detail within the Performance Report. • **consider** the proposed level of Assurance.

Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

controls with minorfrequently but with evidence



weaknesses present. of non-compliance.

A Reasonable level of assurance is proposed on the basis that a comprehensive performance report supported by graph and narrative detail is presented to the NHS Board and Performance and Resources Committee on a monthly basis for scrutiny and discussion. The report is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

Performance reporting and monitoring links to a number of strategic and organisational risks detailed in the Risk Assessment / Management section of the report.

Key Issues to be considered

Following a period of remobilisation, the focus remains on recovery as the Board works to stabilise and improve. The Performance Report considers key monthly metrics in relation to system-wide performance as we continue to stabilise services and provides a month on month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12 week outpatient target, diagnostics, 12 week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits. Following a review of the data reported a number of metrics previously reported pre-covid have been reintroduced and additional metrics have been added to support the provision of a more detailed system-wide picture.

NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership, Culture, and a range of performance-related issues, notably in GP and Primary Care Out of Hours services, unscheduled care, mental health and integration. A number of these performance areas are detailed within the Performance Report namely unscheduled care, Child & Adolescent Mental Health Services and psychological therapies.

The report format provides a comprehensive ‘at a glance’ view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful. Work to include measures in respect of Health Improvement were completed by the October meeting of the Performance & Resources Committee with reporting to the NHS Board in November 2023. The layout of the Performance Report has been reviewed to make read across easier.

The Performance & Resources Committee conducts focussed reviews of areas where performance is challenged, reporting back to the NHS Board. The Performance Report is routinely presented to the scheduled meetings of the NHS Board and Performance & Resources Committee, and to members of the Executive Leadership Team on a monthly basis.

1. Report format

- The report details Key Performance Issues, Key Performance Measures, and Key Performance Graphs.
- Notes have been included within the Key Performance Measures and provide additional information including definitions and detail in relation to the indicators and targets.
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections. Note that the Scotland figures are typically a month or quarter behind.
- Where a Forth Valley wide measure is reporting areas of challenging or poor performance within a specialty this will be highlighted in the Performance Exception Report.
- Performance data and graphs continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the report.

2. Key Performance Issues

- ***Unscheduled Care***

Overall compliance with the 4 hour target in October 2023 was 53.2%; Minor Injuries Unit 99.4%, Emergency Department 45.5%. A total of 2,654 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,304 waits longer than eight hours, 595 waits longer than 12 hours and 27 waits longer than 23 hours. The main reason

for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,458 patients, noting this is a reduction from 1,488 in October 2022. Wait for a bed accounted for 670 patients waiting beyond 4 hours with Clinical reasons accounting for 161 breaches.
In October 2023 there were 497 new attendances to Rapid Assessment and Care Unit (RACU), 149 of which were via ED.

- ***Scheduled Care***

At the end of October 2023, the number of patients on the waiting list for a first outpatient appointment was 17,659 compared with 18,853 in October 2022 with the number waiting beyond 12 weeks 7,872 compared to 7,802 in October 2022. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to October 2023 as 96% compliance.

The number of inpatients/daycases waiting increased to 4,987 from 4,115 in October 2022 with an associated increase in those waiting beyond 12 weeks. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to October 2023 as 115% compliance.

At the end of October 2023, 4,050 patients were waiting beyond the 6-week standard for imaging with 424 patients were waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan April to October 2023 is noted as 94% and 148% respectively.

Cancer target compliance in September 2023:

- 62-day target – 71.3% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the September 2022 position of 78.3%.
- 31-day target was achieved – 100%

- ***DNA***

The new outpatient DNA rate across acute services in October 2023 is noted as 6.6% which is an improvement from the position in October 2022 of 8.8%. The return outpatient DNA rate across acute services in October 2023 was 7.7%.

- ***Psychological Therapies***

In October 2023, 69.9% of patients started treatment within 18 weeks of referral.

- ***Child & Adolescent Mental Health Services (CAMHS)***

Performance against the LDP standard indicates a more favourable position of 55.6% in October 2023 noting significant progress in reducing the number of long waits with no patients waiting over 1 year.

- ***Workforce***

The sickness absence target is 4.0%. Absence remains above the target at 6.92% in September 2023 noting a reduction from 7.21% in September 2022.

Special leave absence for Coronavirus reasons is noted as 0.57% in September 2023, with the overall absence for September 2023, 7.49%.

- ***Delayed Discharges***

The October 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 70 delays; this is compared with 62 in October 2022. There was a total of 46 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 116.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the October 2023 census was 3,062, this is an increase from 2,448 in October 2022.

2.1. Performance Scorecard

BETTER CARE

Target DIRECTION CURRENT PREVIOUS RUN SCOTLAND SCOTLAND

REF Type FREQUENCY MEASURE DATE TARGET POSITION POSITION CHART OF TRAVEL POSITION DATE NOTES HOSPITAL

STANDARDISED MORTALITY RATE

Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality

MR1

adjusted to take account of some of the factors known to affect the underlying SG Rolling 12 mth Hospital Standardised Mortality Ratio (HSMR) 30-Jun-23 </= 1.00 0.92 0.93 **-**

▲ 1.00 30-Jun-23 risk of death.

The data is calculated on a rolling 12 months and published quarterly.

UNSCHEDULED CARE

FV Monthly Total Number of ED Attendances 31-Oct-23 Reduction 5,165 5,387 **-** ▲ - -

US1 SG Monthly Number of ED Attendances (4 hour access target) 31-Oct-23 Reduction 4,872 5,080 **-** ▲ - -

US2

Number of ED attandances and a target of 'Reduction' is relevant in relation SG Monthly Emergency Department % compliance against 4 hour access target 31-Oct-23 95% 45.5%

46.2% ▼ 66.5% 30-Sep-23 ☐ to capacity and flow.

US4

A&E service should be seen and then admitted, transferred or discharged SG Monthly Number that waited >8 hours in ED 31-Oct-23 Reduction 1,304 1,148 **-** ▼ - - within

four hours. This standard applies to all areas of emergency care such **US3** S5 Monthly Number that waited >4 hours in ED 31-Oct-23 Reduction 2,654 2,735 **-** ▲ - -

National standard for A&E waiting times is that unplanned attendances at an

US5 SG Monthly Number that waited >12 hours in ED 31-Oct-23 Reduction 595 367 **-** ▼ - - as EDs, assessment units, minor injury units, community hospitals, **US6** SG

Monthly Number that waited >23 hours in ED 31-Oct-23 Reduction 27 1 ▼ - - anywhere where emergency care type activity takes place.

FV Monthly Total Number of MIU Attendances 31-Oct-23 Reduction 1,628 1,977 **-** ▲ - - The measure is the proportion of all attendances that are admitted,

US7 SG Monthly Number of MIU Attendances (4 hour access target) 31-Oct-23 Reduction 804 926 ▲ - - 95% of patients should wait no longer than four hours from arrival

to **-**transferred or discharged within four hours of arrival.

admission, discharge or transfer for A&E treatment.

US8 SG Monthly Minor Injuries Unit % compliance against 4 hour target 31-Oct-23 95% 99.4% 100.0% ▼ - -

-

US9 SG Monthly NHS Forth Valley Overall % compliance against 4 hour target 31-Oct-23 95% 53.2% 54.5% ▼ 70.0% 30-Sep-23 □

US10 FV Monthly Number of ED attendances - Mental Health (4 hour access target) 31-Oct-23 Reduction 59 77 - - - - Attendances at A&E with a cause of injury recorded as Intentional Self Harm **US11** FV Monthly Emergency Department % compliance against 4 hour access target - Mental Health 31-Oct-23 95% 22.0% 28.6%-▼--**US12** FV Monthly Number of Rapid Assessment and Care Unit New Attendances 31-Oct-23 - 497 522 - - - -**US13** FV Monthly Number of Rapid Assessment and Care Unit Scheduled Return Attendances 31-Oct-23 - 112 120 - - - -**US14** FV Monthly Number of Re-directions from ED 31-Oct-23 - 557 564 - - - - Redirections from ED to a more suitable setting enabling receipt of the right **US15** FV Monthly Re-directions from ED % 31-Oct-23 - 10.8% 10.5% - - - - care, in the right place at the right time **US16** FV Monthly Number of Emergency Admissions 31-Oct-23 Reduction 3,015 3,082 - ▲ - - Admission to a hospital bed following an attendance at an A&E service.

OUT OF HOURS

OH1 FV Monthly Number of Out of Hours Presentations 30-Sep-23 Reduction 4,947 4,339 - ▼ - -

FV Monthly Advice 30-Sep-23 - 3,658 3,127 - - - -FV Monthly Attend OOH Appointment 30-Sep-23 - 1,050 970 - - - -FV Monthly Home Visit 30-Sep-23 - 156 179 - - - -FV Monthly Mental Health 30-Sep-23 - 33 23 - - - -FV Monthly SAS In Attendance 30-Sep-23 - 45 40 - - - -FV Monthly Video Consultation 30-Sep-23 - 5 0 - - - -

OH2 FV Monthly Out of Hours % Rota Fill 31-Oct-23 - 87% 90% - ▼ - -

BETTER CARE

SCHEDULED CARE

OUTPATIENTS

SC1 SG Monthly Total Number of New Outpatients Waiting 31-Oct-23 Reduction 17,659 18,646 ☐ ▲ - -

SC2

An outpatient is categorised as a new outpatient at his first meeting with a SG Monthly Number of New Outpatients waiting over 12 weeks 31-Oct-23 Reduction 7,872 8,595 ☐

▲ - - consultant or his representative following an outpatient referral. Outpatients **SC3** SG Monthly New Outpatients waiting under 12 weeks % 31-Oct-23 95% 55.4%

53.9% ▲ 45.5% 30-Jun-23 whose first clinical interaction follows an inpatient episode are excluded. **SC4** SG Monthly Compliance with Annual Delivery Plan trajectories -

New Outpatients 31-Oct-23 100% 104% 86% - ▲ - - Scotland position quarterly

SC5 SG FYTD Compliance with Annual Delivery Plan trajectories - New Outpatients 31-Oct-23 100% 96% 95% - ▲ - -

Unavailability, for patients without a date for treatment, is a period of time

SC6 Audit Monthly Outpatient Unavailability 31-Oct-23 Monitor 0.8% 0.6% ☐ ▼ 0.9% 30-Jun-23 when the patient is unavailable for treatment. Unavailability can be for

medical or social reasons. Scotland position quarterly

SC7

A patient may be categorised as did not attend (DNA) when the hospital is FV Monthly New Acute Services Outpatient % DNA 31-Oct-23 5% 6.7% 6.8% - ▲ 6.9% 30-Jun-23 not notified in advance of the patient's unavailability to attend on the offered

SC8 admission date, or for any appointment. FV Monthly Return Acute Services Outpatient % DNA 31-Oct-23 5% 7.7% 7.4%-▼--Scotland position quarterly

DIAGNOSTICS - Imaging

SC10 SG Monthly Total number waiting - Imaging 31-Oct-23 Reduction 7,804 6,811 ▼ - -**SC11** SG Monthly Number waiting beyond 42 days - Imaging 31-Oct-23 0

4,050 2,951 - ▼ - -**SC12** SG Monthly Percentage waiting less than 42 days - Imaging 31-Oct-23 100% 48.1% 56.7% ☐ ▼ 53.0% 30-Jun-23 **SC13** SG Monthly

Compliance with Annual Delivery Plan trajectories - Imaging 31-Oct-23 100% 92% 89% - ▲ - - Waiting times standard is that patients should be waiting no more than six

SC14 SG FYTD Compliance with Annual Delivery Plan trajectories - Imaging 31-Oct-23 100% 94% 94% - ◀▶ - - weeks for one of the eight key diagnostic tests and

investigations - Xray, **DIAGNOSTICS - Endoscopy** Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy,

SC15 Cystoscopy SG Monthly Total number waiting - Endoscopy 31-Oct-23 Reduction 957 1057 ▲--**SC16** SG Monthly Number waiting beyond 42 days - Endoscopy

31-Oct-23 0 424 449 - ▲ Scotland position monthly, available quarterly- -

SC17 SG Monthly Percentage waiting less than 42 days - Endoscopy 31-Oct-23 100% 55.7% 57.5% ☐ ▼ 39.8% 30-Jun-23 **SC18** SG Monthly Compliance with Annual Delivery Plan trajectories - Endoscopy 31-Oct-23 100% 176% 143% - ▲ - -**SC19** SG FYTD Compliance with Annual Delivery Plan trajectories - Endoscopy 31-Oct-23 100% 148% 143% - ▲ - -

SC20

Cancer services remain a priority for scheduled care. All Urgent Suspicion of SG Monthly 62 Day Cancer Target - Percentage compliance against target 30-Sep-23 95% 71.3% 62.6% ☐ ▲ 71.2% 30-Sep-23 Cancer referrals are tracked to support achievement of the 62 and 31 day **CANCER**

SC21 SG Monthly 62 Day Cancer - Number seen within target against total 30-Sep-23 - 57/80 72/115 - - - - access targets. In areas where this is not reached priority measures are **SC22** SG Monthly 31 Day Cancer Target - Percentage compliance against target 30-Sep-23 95% 100.0% 98.4% ☐ ▲ 94.7% 30-Sep-23 taken to address this. A robust monitoring system has been established to **SC23** SG Monthly 31 Day Cancer Target - Number seen within target against total 30-Sep-23 - 101/101 123/125 - - - - identify reasons for breaches and ensure a plan is in place to prevent further **SC24** non-compliance. SG Quarterly 62 Day Cancer Target - Percentage compliance against target 30-Sep-23 95% 68.2% 67.1% ☐ ▲ 70.9% 30-Sep-23 **SC25** SG Quarterly 31 Day Cancer Target - Percentage compliance against target 30-Sep-23 95% 98.1% 97.4% ☐ ▲ 94.7% 30-Sep-23 The 62-day standard states that 95% of eligible patients should wait no **INPATIENTS & DAYCASES**

SC26 SG Quarterly Number of patients that waited >12 weeks - Completed Wait 30-Sep-23 0 1244 1091 - - - -**SC27** SG Quarterly % Compliance with 12 week TTG Standard 30-Sep-23 100% 48.6% 53.8% - ▼ 56.7% 30-Jun-23

SC28

Treatement Time Guarantee (TTG) - There is a 12 week maximum waiting SG Monthly Total Number of Inpatients/Day cases Waiting 31-Oct-23 Reduction 4,987 4,862 ☐ ▼ - - time for the treatment of all eligible patients who are due to receive planned **SC29** SG Monthly Number of Inpatients/Day cases waiting over 12 weeks 31-Oct-23 Reduction 2,469 2,506 ☐ ▲ - - treatment delivered on an inpatient or day case basis. **SC30** SG Monthly Percentage of Inpatients/Day cases waiting under 12 weeks 31-Oct-23 100% 50.5% 48.5% ☐ ▲ 32.2% 30-Jun-23 Scotland position quarterly

SC31 SG Monthly Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases 31-Oct-23 100% 149% 119% - ▲ - -**SC32** SG FYTD Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases 31-Oct-23 100% 115% 110% - ▲ - -

Unavailability, for patients without a date for treatment, is a period of time

SC33 Audit Monthly Inpatient/Day case Unavailability 31-Oct-23 Monitor 4.8% 5.9% ☐ ▲ 3.5% 30-Jun-23 when the patient is unavailable for treatment. Unavailability can be for

medical or social reasons. Scotland position quarterly

BETTER CARE

READMISSIONS

R2

This is the measure of patients readmitted as an emergency to a FV Monthly Readmissions - Surgical 28 day 31-Oct-23 Reduction 5.8% 5.9% - ▲ - - medical/surgical specialty within 7 days or 28 days of the index admission. **R1** FV Monthly Readmissions - Surgical 7 day 31-Oct-23 Reduction 2.4% 2.8% - ▲ - -

R3 FV Monthly Readmissions - Medical 7 day 31-Oct-23 Reduction 0.8% 1.3% - ▲ - - Emergency readmissions as a percentage of all admissions. **R4** FV Monthly Readmissions - Medical 28 day 31-Oct-23 Reduction 3.8% 4.1% - ▲ - -**MENTAL HEALTH**

PSYCHOLOGICAL THERAPIES

MH1 SG Monthly Psychological Therapies - 18 week RTT compliance 31-Oct-23 90% 69.9% 67.1% □ ▲ - -

MH3

The 18 Weeks RTT is a whole journey waiting time standard from initial SG Quarterly Psychological Therapies - 18 week RTT compliance 30-Jun-23 90% 74.0% 71.1% ▲ 78.8% 30-Jun-23 referral to the start of treatment. The standard has been determined by the **MH2** FV Monthly Total Number Waiting for Pyschological Therapies Initial Assessment 31-Oct-23 Reduction 721 656 - ▼ - -

CHILD & ADOLESCENT MENTAL HEALTH SERVICES Scottish Government and states that 90.0% of patients should have a

MH4 SG Monthly Child & Adolescent Mental Health Services - 18 week RTT compliance 31-Oct-23 90% 55.6% 35.0% □ ▲ - - completed pathway within 18 weeks. **MH5** FV Monthly Total Number Waiting for CAMHS Initial Assessment 31-Oct-23 Reduction 181 173 - ▼ - -**MH6** SG Quarterly Child & Adolescent Mental Health Services - 18 week RTT compliance 30-Jun-23 90% 33.4% 42.5% ▼ 73.8% 30-Jun-23 **SUBSTANCE USE**

SM1 SG Quaterly % Compliance with the 3 Week target - ADP (excluding Prisons) 30-Jun-23 90% 96.5% 92.4% ▲ 93.1% 30-Jun-23 The Scottish Government set a Standard that 90% of people referred for help □ with problematic drug or alcohol use will wait no longer than three weeks for **SM2** SG Quaterly % Compliance with the 3 Week target - Prisons 30-Jun-23 90% 100.0% 98.9% ▲ 94.6% 30-Jun-23 specialist treatment that supports their recovery. □ **COMPLAINTS**

C1 Monthly % Compliance Forth Valley (inc. prisons) 30-Sep-23 100% 56.6% 57.2% □ ▼ - -**C2** Monthly % Compliance Stage 1 (inc. prisons) 30-Sep-23 100% 72.7% 81.9% □ ▼ Complaints monitoring and feedback is a standing item on the Clinical - - Governance Committee agenda **C3** Monthly % Compliance Stage 2 (inc. prisons) 30-Sep-23 100% 7.0% 21.6% □ ▼ - -

BETTER WORKFORCE

Target CURRENT PREVIOUS RUN DIRECTION SCOTLAND SCOTLAND

REF Type FREQUENCY MEASURE DATE TARGET POSITION POSITION CHART OF TRAVEL POSITION DATE WF1 FV Monthly COVID-19 Special Leave - number of employees 30-Sep-23 - 229 204 - ▼ - - From 1st September 2022 coronavirus absences are included within the **WF2** FV Monthly COVID-19 Special Leave 30-Sep-23 - 0.57% 0.59% □ ▲ - - Special Leave and are not included within the sickness absences. Hours sickness absence totals however there are some still instances recorded as **WF3** SG Monthly Overall Absence (excluding Covid Special Leave) 30-Sep-23 4.0% 6.92% 7.05% □ ▲ 5.94% 30-Sep-23 lost due to sickness absence / total hours available (%). **WF4** FV Monthly Short Term Absence 30-Sep-23 - 2.50% 2.46% - ▼ - - Short Term Absence - a period of sickness absence of 28 days or less

WF5

Long Term Absence - a period of sickenss absence lasting over 28 days FV Monthly Long Term Absence 30-Sep-23 - 4.42% 4.59% - ▲ - - Absence Management is a standing item on the Staff Governance **WF6** FV Rolling 12 mth Overall Absence (excluding Covid Special Leave) 30-Sep-23 - 7.41% 7.49% - ▲ 6.30% 30-Sep-23 Committee

BETTER VALUE

Target CURRENT PREVIOUS RUN DIRECTION SCOTLAND SCOTLAND

REF Type FREQUENCY MEASURE DATE TARGET POSITION POSITION CHART OF TRAVEL POSITION DATE DELAYED DISCHARGES - -VA1 FV Monthly Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays) 31-Oct-23 Reduction 70 63 □ ▼ - -

Falkirk 31-Oct-23 Reduction 45 44 □ ▼ - -

Clackmannanshire 31-Oct-23 Reduction 8 5 □ ▼ - -

Stirling 31-Oct-23 Reduction 15 13 □ ▼ - -

Outwith Forth Valley 31-Oct-23 Reduction 2 1 □ ▼ - -

VA2 FV Code 9 & Guardianship Delays 31-Oct-23 Reduction 46 43 □ ▼ - -

Clackmannanshire 31-Oct-23 Reduction Falkirk 31-Oct-23 Reduction

A delayed discharge is a hospital inpatient who has been judged clinically 22 22 □ ◄► - - ready for discharge by the responsible clinician in consultation with all 4 4 □ ◄► - - agencies involved in planning that patient's discharge, and who continues to Stirling 31-Oct-23 Reduction 17 14 □ ▼ - - occupy the bed beyond the ready for discharge date

Outwith Forth Valley 31-Oct-23 Reduction 3 3 □ ◄► - -

VA3 FV Total Bed Days Occupied by Delayed Discharges 31-Oct-23 Reduction 3,062 2,667 □ ▼ - -

Falkirk 31-Oct-23 Reduction 1,483 1,463 □ ▼ - -

Clackmannanshire 31-Oct-23 Reduction 574 443 □ ▼ - -

Stirling 31-Oct-23 Reduction 441 249 □ ▼ - -

Outwith Forth Valley 31-Oct-23 Reduction 564 512 □ ▼ - -

VA4 FV Daily Number waiting for a Community Bed 31-Oct-23 Reduction 39 49 - ▲ - -

BETTER VALUE

AVERAGE LENGTH OF STAY

This is the mean length of stay (in days) experienced by inpatients in FVRH

VA4 FV Monthly FVRH Acute Wards Average Length of Stay (Days) 30-Sep-23 Reduction 7.38 7.01 - ▼ 7.70 30-Sep-23 Acute wards, does not include MH or W&C.

Scotland position quarterly - All Inpatients

EFFICIENCY

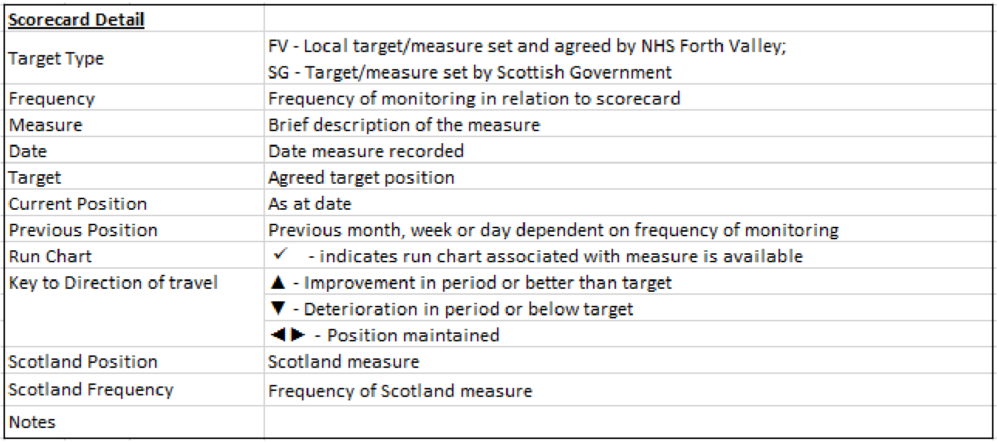
E1 FV Monthly ED Attendances per 100,000 of the population - Forth Valley 31-Oct-23 Reduction 1,594 1,662 - ▲ - -**E2** FV Rolling 12 mth Acute Emergency Bed days per 1,000 population - Forth Valley 30-Sep-23 Reduction 732 799 - ▲ - -**E3** FV Monthly % Bed Occupancy - FVRH 31-Oct-23 Reduction 112.6% 107.7% - ▼ - - The percentage occupancy is the percentage of average available staffed **E4** FV Monthly % Bed Occupancy - Assessment Units 31-Oct-23 Reduction 113.3% 109.1% - ▼ - - beds that were occupied by inpatients during the period. 85% is the **E5** nationally agreed standard supporting optimum flow FV Monthly % Bed Occupancy - ICU 31-Oct-23 Reduction 66.4% 78.4%-▲--**EQUITABLE**

EQ1 Rolling 3 year Scottish Breast Screening Programme 2019/22 70% 74.4% 73.3% - ▲ 74.5% 2019/22 Percentage uptake (three-year rolling periods), females aged 50-70 years **EQ2** Annually Scottish Cervical Screening Programme 2021/22 - 72.5% 73.2% - ▼ 68.7% 2021/22 The percentage of eligible women who are up-to-date with their screening participation **EQ3** Rolling 2 year Scottish Bowel Screening Programme 2020/22 60% 67.3% 65.8% - ▲ 66.7% 2020/22 Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period) **EQ4** Annually Scottish Abdominal Aortic Aneurysm (AAA) sreening programme 2021/22 75% 80.8% 85.1% - ▼ 72.6% 2021/22 Percentage of eligible population who are tested before age 66 and 3 months

Annually Surveillance AAA scan (quarterly) 2021/22 90% 94.2% 54.8% - ▲ 93.9% 2021/22 Due to attend quarterly surveillance and tested within 4 weeks of due date

Annually Surveillance AAA scan (annually) 2021/22 90% 97.6% 33.3% - ▲ 95.5% 2021/22 Due to attend annual surveillance and tested within 6 weeks of due date **EQ5** Quarterly NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits 31-Dec-22 86.75 48 71 - ▼ - - The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 7,026 **EQ6** Quarterly NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target 31-Dec-22 100% 55.3% 81.8% - ▼ 58.9% 31-Dec-22 services in the 40% most deprived areas self-reported successful twelve-week quits through smoking cessation **FINANCE**

F1 SG FYTD Year to date revenue position 31-Oct-23 Breakeven -£9.1m -£7.9m - ▼ - -



Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Position	Previous month, week or day dependent on frequency of monitoring
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target
	▼ - Deterioration in period or below target
	◀▶ - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	

Performance Exceptions Report

Unscheduled Care

Measure: Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

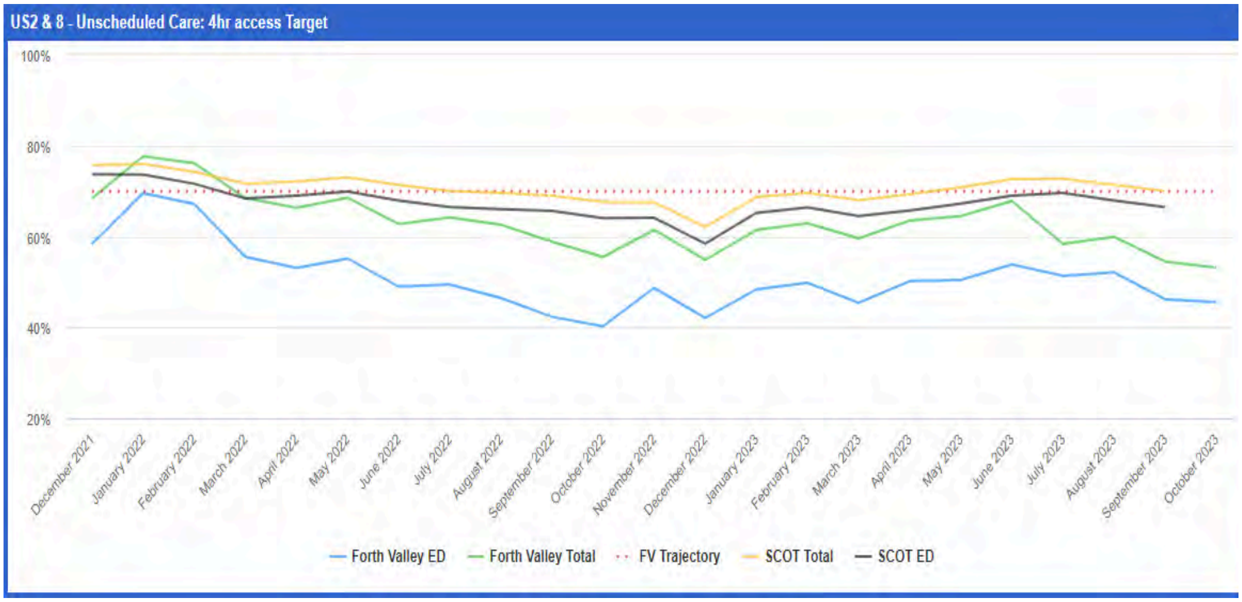
Current Performance

- October 2023 ED Compliance 53.2% - Forth Valley Total • October 2023 ED Compliance 45.5% - ED Only

Scotland Performance

- September 2023 ED Compliance 70.0% - Scotland Total • September 2023 ED Compliance 66.5% - Scotland ED Only

Graph 1: 4 hour Emergency Access Compliance December 2021 to October 2023



Overall compliance with the 4 hour target in October 2023 was 53.2%; Minor Injuries Unit 99.4%, Emergency Department 45.5%. A total of 2,654 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,304 waits longer than eight hours, 595 waits longer than 12 hours and 27 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,458 patients, noting this is a reduction from 1,488 in October 2022. The number of patients waiting for first assessment continues to be as a result of issues in relation to capacity and flow. Wait for a bed accounted for 670 patients waiting beyond 4 hours with Clinical reasons accounting for 161 breaches.

Note that in accordance with Scottish Government guidance, from July, we are no longer reporting on new patients as a whole but as new unplanned and new planned attendances. New planned attendances are no longer being counted against the 4 hour ED access standard.

In October 2023 there were 497 new attendances to Rapid Assessment and Care Unit (RACU), 149 of which were via ED. This is compared to 563 new attendances in October 2022, 182 of which presented via ED. There were 112 scheduled returns in October 2023 compared with 104 in October 2022. 557 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 10.8% of all ED attendances in October.

Performance against the EAS/Flow 1 EAS dropped again during October. Urgent and unscheduled care services remain under significant pressure from demand, increased occupancy, and delayed discharges which is impacting on flow and performance across the system.

A sustained improvement had been seen in some of our ED measures including, median time to triage and median time in the ED, during the summer, likely as a result of the ED triage and Flow 1 models, however due to site pressures we have not always maintained the gains during September and October. The change to reporting in July which saw the removal of planned ED attendances has had a negative impact on our data. A number of issues have been identified with Flow 1 data however it is anticipated that there will be a TrakCare solution to capturing flow presentations in the ED.

When Hospital at Home has their full staff complement and no beds are blocked, they have the ability to meet the 90% trajectory and some weeks exceed the current 25 bed occupancy. Work continues as part of the HIS Hospital at Home expansion programme to improve existing processes to optimise capacity using QI methodology. We will work to develop other Hospital at Home Services to expand pathways to Hospital at Home including, OPAT, Community Heart Failure Services and Community Respiratory Services.

Out of Hours presentations increased in September 2023 to 4,947 from 4,339 in August 2023. Note average daily presentations in September as 165 an increase from the August average of 140. NHS Forth Valley is working to improve the delivery of Out of Hours services supported by a comprehensive action plan.

October 2023 Out of Hours data is unavailable at present.

Scheduled Care

Outpatients

Measure: The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target

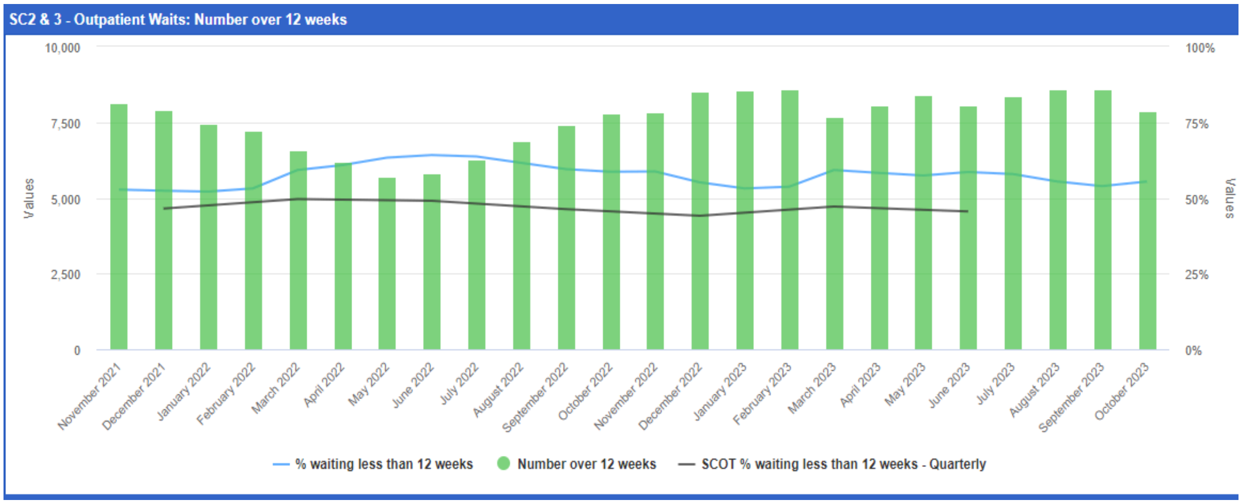
Current Performance

- October 2023 9,787 patients waiting within 12 weeks for New outpatient appointment – 55.4% compliance.

Scotland Performance

- New Outpatient compliance Q1 45.5%

Graph 2: Outpatient waits over 12 weeks - November 2021 to October 2023



NHS Forth Valley aims to concurrently treat patients that require urgent clinical care as well as those waiting for long periods, with associated Scottish Government targets.

At the end of October 2023, the number of patients on the waiting list for a first outpatient appointment was 17,659 compared with 18,853 in October 2022 with the number waiting beyond 12 weeks 7,872 compared to 7,802 in October 2022. Note 55.4% of patients were waiting less than 12 weeks for a first appointment; an improvement from 58.6% the same period the previous year. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to October 2023 as 96% compliance.

Inpatients

Measure: Treatment Time Guarantee (TTG) - Eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat – 100% Target

Current Performance

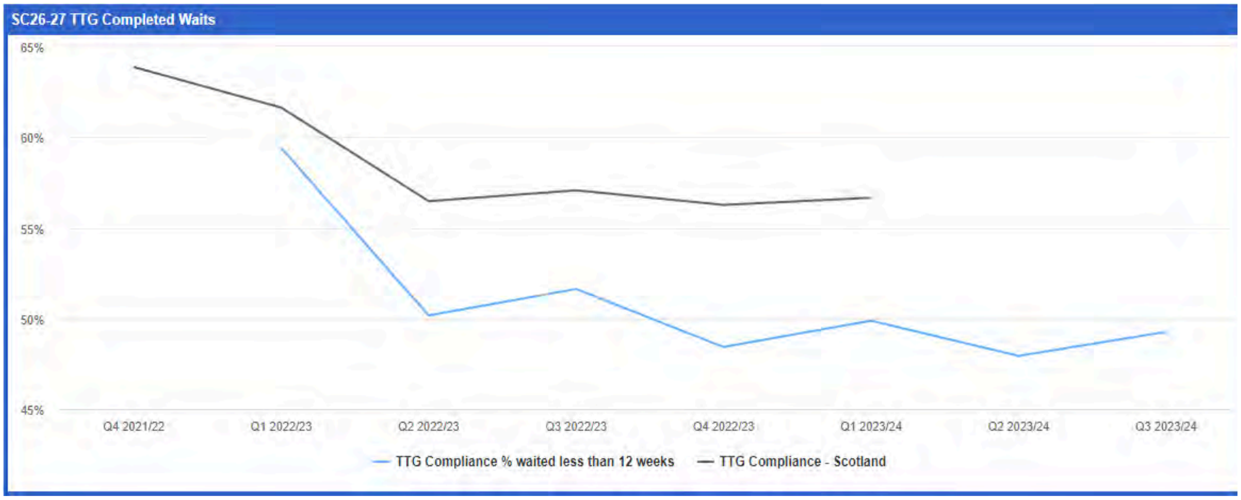
- Inpatient/Daycase treatment time guarantee quarter 2 48.6% • October 2023 - 2,506 patients waiting on an inpatient/daycase treatment – 48.5%

  waiting under 12 weeks

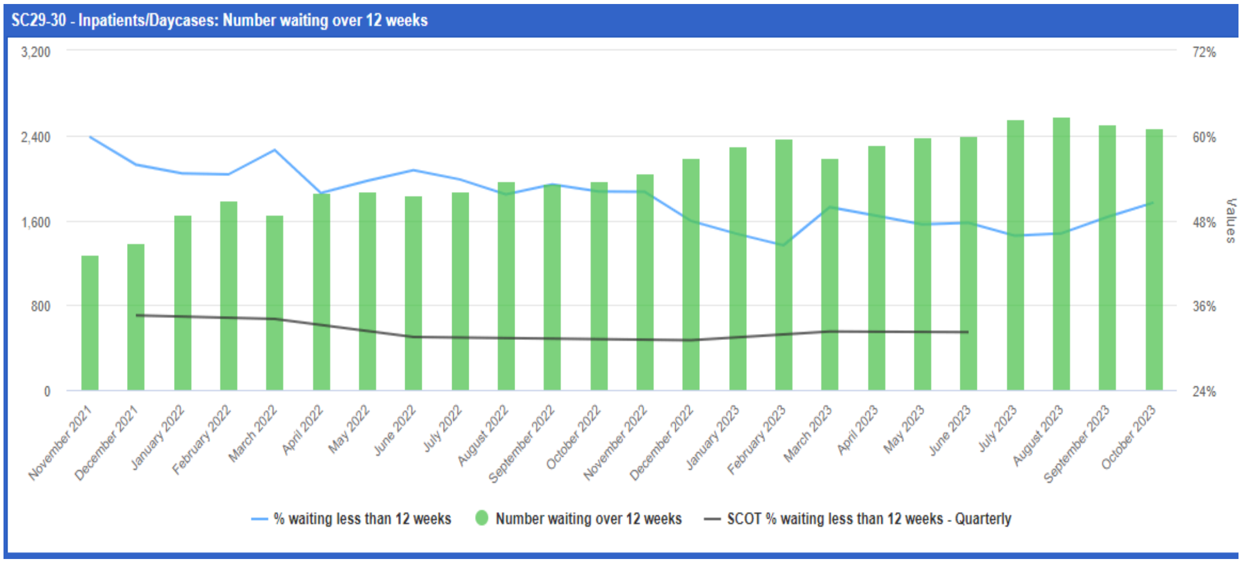
Scotland Performance

- Inpatient/Daycase treatment time guarantee Q1 56.7% • Inpatient/Daycase On-going waits under 12 weeks Q1 32.2%

Graph 3: 12 Week Treatment Time Guarantee



Graph 4: Inpatients/Daycase waits over 12 weeks - November 2021 to October 2023



In October 2023, the number of inpatients/daycases waiting increased to 4,987 from 4,115 on October 2022. An associated increase in those waiting beyond 12 weeks was noted with 2,469 in October 2023 compared to 1,972 in October 2022. Activity against the agreed

Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to October 2023 as 115% compliance.

Unavailability

Measure: Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in October 2023 was 0.8% of the total waiting list.
- Inpatient/daycase unavailability in October 2023 was 5.9% compared to 6.7% in October 2022. The unavailability rate is less than 7% for all specialties except for Oral and Maxillofacial Surgery 12.3% (13 patients). This position is monitored on an ongoing basis.

Did Not Attend (DNA)

Measure: The number of people that did not attend (DNA) their hospital appointment and the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date/appointment time.

The new outpatient DNA rate across acute services in October 2023 is noted as 6.6% which is an improvement from the position in October 2022 of 8.8%. Variation across specialties continues with rates ranging from 38.5% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 8.7% (62 patients), ENT 6.1% (39 patients), General Surgery 4.4% (37 patients) and Orthopaedics 3.9% (37 patients).

The return outpatient DNA rate across acute services in October 2023 was 7.7%. There continues to be a high number of DNAs in Diabetes with 279 patients (15.6%) , Ophthalmology 251 patients (7.5%), Orthodontics 141 patients (15.7%) and Dermatology 107 patients (5.0%). The Performance & Resources Committee received an update in respect of the DNA position in April 2023. The Committee noted the significant actions underway and the continuation of monitoring of the work ongoing to drive and support improvements in the position.

Diagnostics

Measure: Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

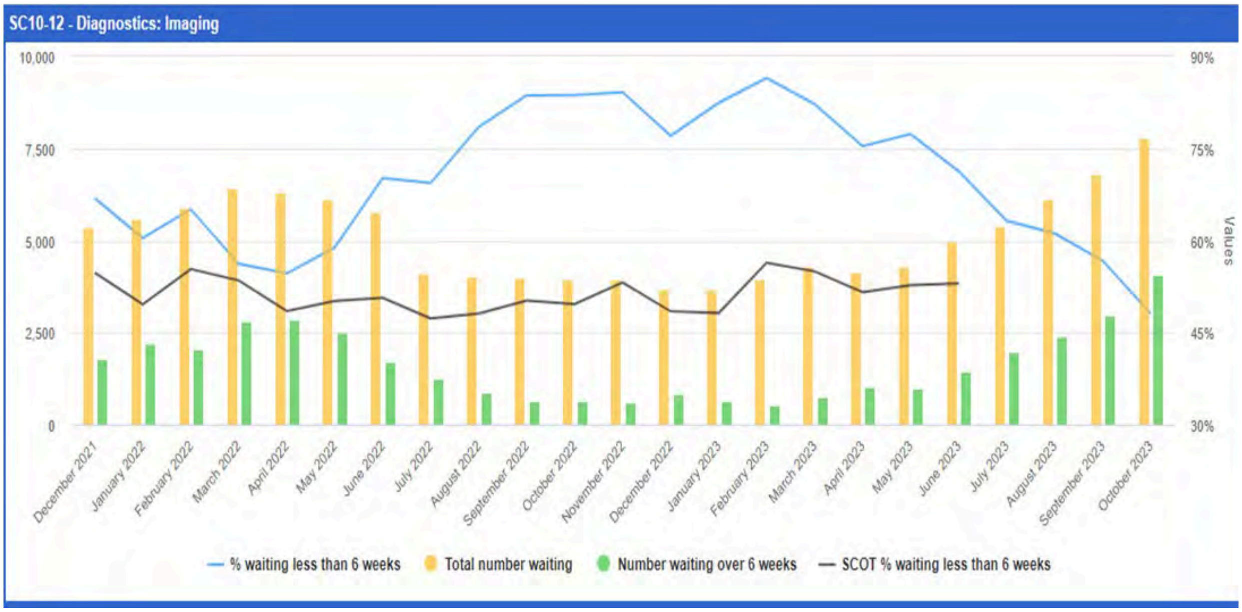
Current Performance

- October 2023 - Imaging - 3,754 patients waiting within 6 weeks – 48.1% Compliance • October 2023 - Endoscopy - 533 patients waiting within 6 weeks – 55.7% Compliance

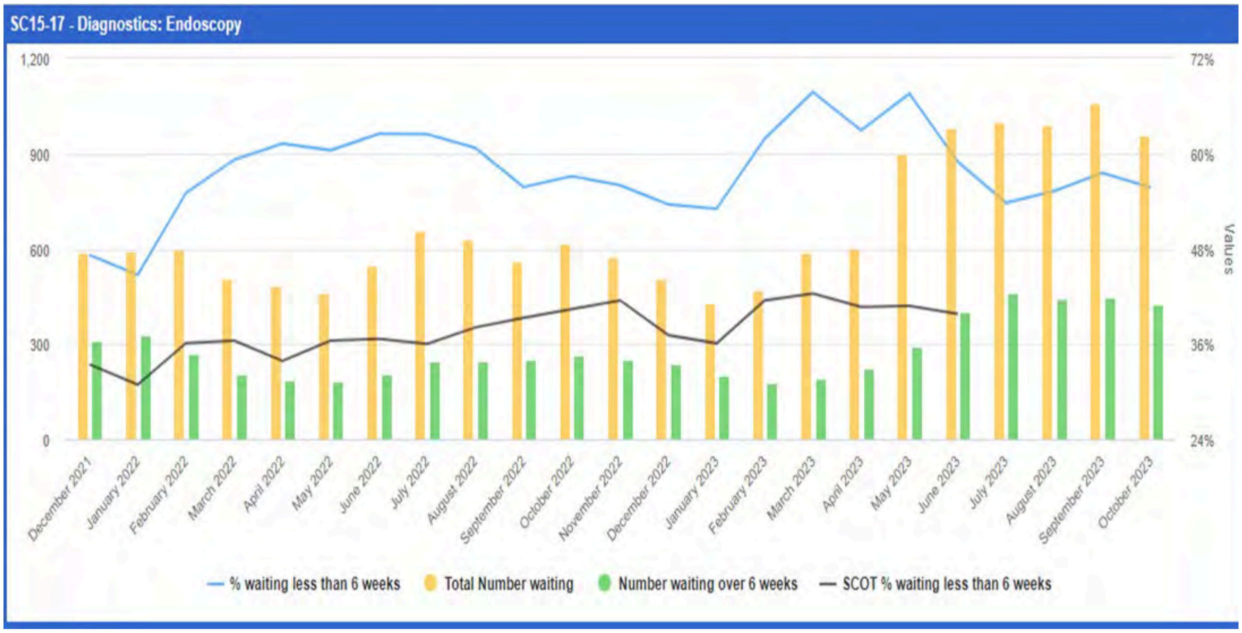
Scotland Performance

- Imaging – 53% Q1 Compliance
- Endoscopy – 39.8% Q1 Compliance

Graph 5: Imaging waits over 6 weeks and total - December 2021 to October 2023



Graph 6: Endoscopy waits over 6 weeks and total - December 2021 to October 2023



Imaging

At the end of October 2023, 4,050 patients were waiting beyond the 6-week standard for imaging, an increase from 644 in October 2022, with 48.1% of patients waiting less than the standard. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the year April 2023 to October 2023 as 94% compliance, with the position for October 2023, 92%. Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in October 2023 was 7,804 patients; an increase from 3,941 in October 2022.

Waiting times for CT were significantly reduced as a result of additional capacity from a funded and staffed CT Van in 2022. This removed about 1500 outpatients from the CT waiting lists however low waits have been difficult to maintain due in part to an increase in demand for CT scanning. Note that scan requests for urgent suspicion of cancer are prioritised however this can have an impact on routine waits. The Executive Leadership Team has agreed a short term plan to support an increase in CT capacity with provision for 12 hour working/7 days a week, use of agency staff at weekends to deliver additional outpatient activity, and the appointment of additional staffing. A business case is awaited in relation to a 3rd CT scanner.

Endoscopy

At the end of October 2023, 424 patients were waiting beyond 6 weeks for endoscopy compared to 265 in October 2022. 55.7% of patients waiting less than the 6-week standard. Activity against the agreed Remobilisation Plan trajectory remains better than plan. The cumulative position for the year April 2023 to October 2023 is noted as 148% compliance with

October 2023 compliance against plan, 176%. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 957 patients in October 2023 noting an increase from 618 in October 2022.

The Endoscopy team is working closely with the Quality improvement team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible.

Cancer

Measure: The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

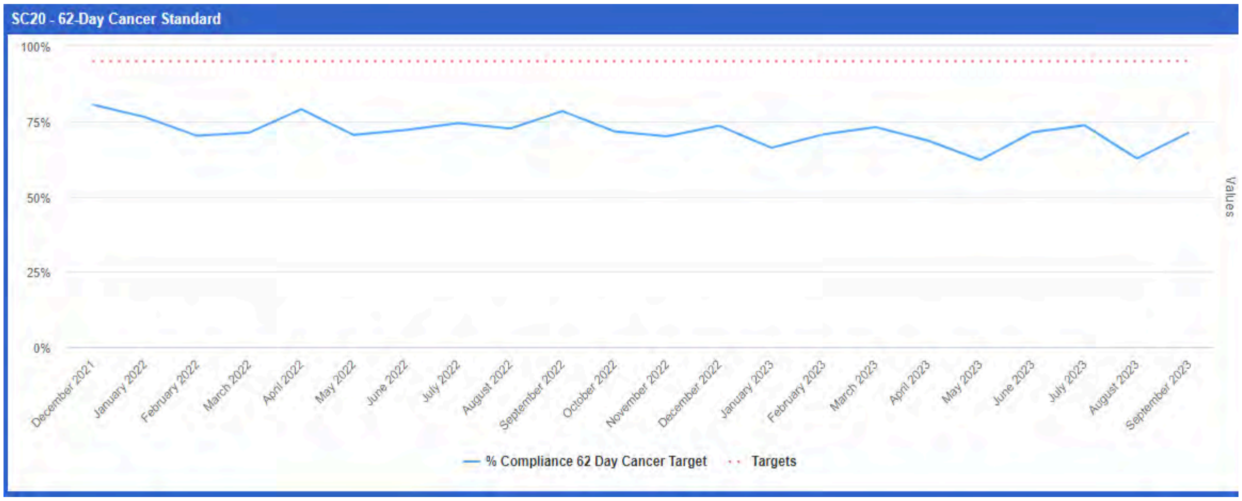
Current Performance

- September 2023 62-day 57/80 patients seen withing target – 71.3% compliance • September 2023 31-day 101/101 patients seen within target – 98.4% Compliance • 62 Day – 68.2% quarter 2 Compliance • 31 Day – 98.1% quarter 2 Compliance

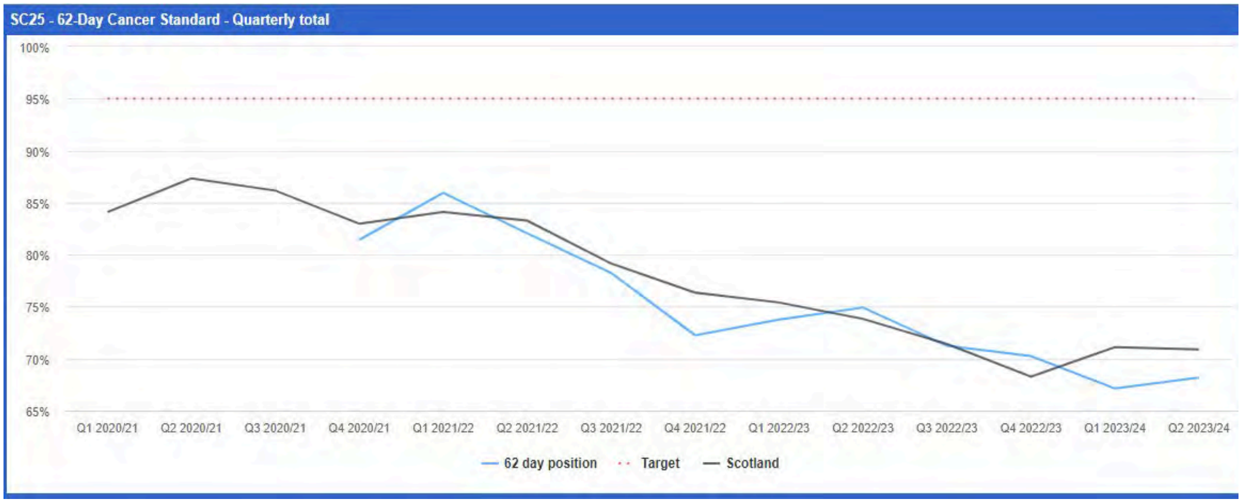
Scotland Performance

- 62 Day – 70.9% quarter 2 Compliance • 31 Day – 94.7% quarter 2 Compliance

Graph 7: 62-day cancer performance (monthly) – December 2021 to September 2023



Graph 8: 62-day cancer performance (quarterly)



Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31 and 62 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 957 of which 13% are confirmed cancer patients.

Five of the 10 cancer pathways achieved 100% - breast, lymphoma, melanoma, ovarian, cervical. Of the remaining pathways upper GI 91%, head & neck 75%, colorectal and lung 61.5%, and urology 42.1%. The highest number of breaches are in urology.

Pressure continues within the urology pathway with work underway to support improvements across all aspects of the pathway including enhanced vetting, recruitment to key positions, additional training to support extended scope practitioners, use of prioritisation protocols, patient led follow-up and review of specific regional services.

The Performance & Resources Committee received a Cancer Services update in August 2023. The Committee was satisfied with the analysis and data presented to determine the work necessary to continue making improvements within cancer services.

The national Cancer Strategy for Scotland 2023-2026 was published in June 2023. This will inform NHS Forth Valley's short and medium term planning.

Psychological Therapies

Measure: The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

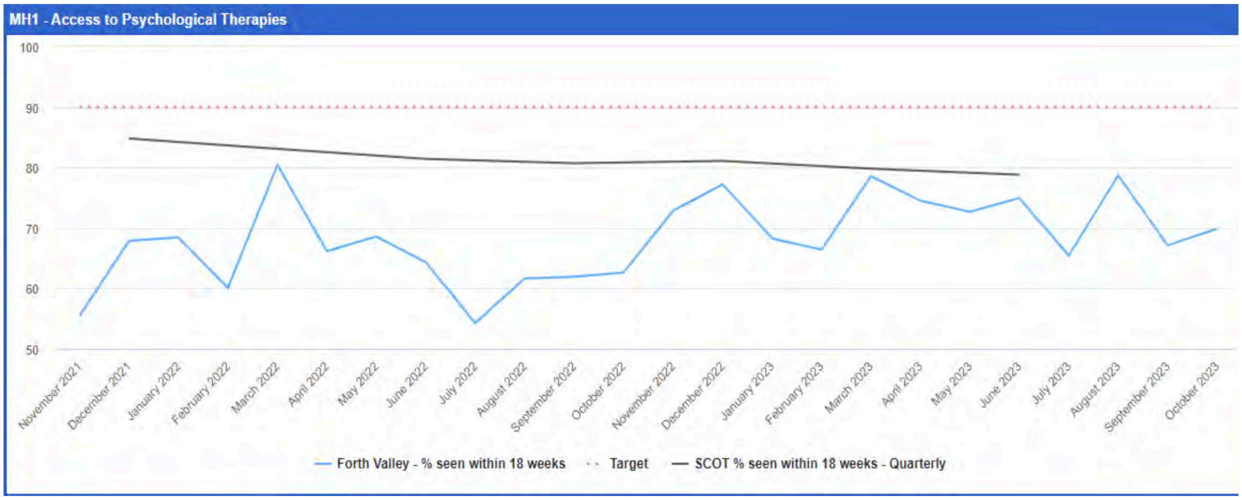
Current Performance

- October 2023 – 69.9% of patients were treated within 18 weeks

Scotland Performance

- Q1 Compliance – 78.8% of patients were treated within 18 weeks

Graph 9: Psychological Therapies 18 week RTT – November 2021 to October 2023



In October 2023, 69.9% of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 67.1% and from 62.6% in October 2022.

Performance against the RTT had improved to above 70% for the four consecutive months from March to June 2023. This period of increased stability may be explained by:

- significantly improved data quality with ongoing quality checks; • alignment of reporting of Digital Therapies with national guidelines; • increasing inclusion of psychological therapies from other areas including eating disorders
- the expansion of IESO with increased uptake.

The RTT dipped to 65.4% in July which seems to reflect the usual seasonal reduction in appointments due to peak leave periods for staff and many patients being unavailable during school holiday periods. The August RTT increased to 78.7% which was the highest since March 2022 however reduced to 67.1% in September. This can be explained by an increased number of people starting treatment in September as a result of 3 new clinicians and 3 groups starting, and a larger proportion of those people seen having waited a very long time. The October RTT is 69.9%. The September and October compliance rates which are below the 70% compliance which was consistent earlier in the year may be explained by the reduction in referrals for IESO digital therapy. After an initially high referral rate (6-7 patients per day) following IESO's expansion in early 2023, the rate has reduced to 1-2 patients referred per day.

From May 2022 to June 2023 both the total number of people awaiting initial assessment and the number of people waiting a very long time for initial assessment had reduced. This was largely due to redesign of the largest specialty within the service which included the introduction of triage appointments as standard. The number of people awaiting assessment has however generally been increasing since July 2023 with 691 people awaiting assessment in October.

There has been an increase in the number of people waiting to start treatment from January

2023. At October 2023 there are 1,993 people waiting to start treatment which is a higher number than before the large scale service redesign in May 2022. As has been previously noted there is a risk that the service will be unable to address the waiting lists with current staffing. While there is sufficient clinical capacity to address stable demand there is insufficient capacity to address the queue or to manage increased new demand. Consequently, numbers of people waiting for treatment will plateau or increase depending on referral trends. In October 2023 due to maternity leave and staff vacating posts a number of patients have had to be transferred to a different therapist mid therapy. This has impacted on therapist availability to start treatment with patients on the waiting list.

The number of referrals into the service had been increasing over recent months. This is likely to reflect increased appropriate demand, given that there are clear referral guidelines and clinical pathways for the service that have been in place for some time.

Child and Adolescent Mental Health Services

Measure: The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

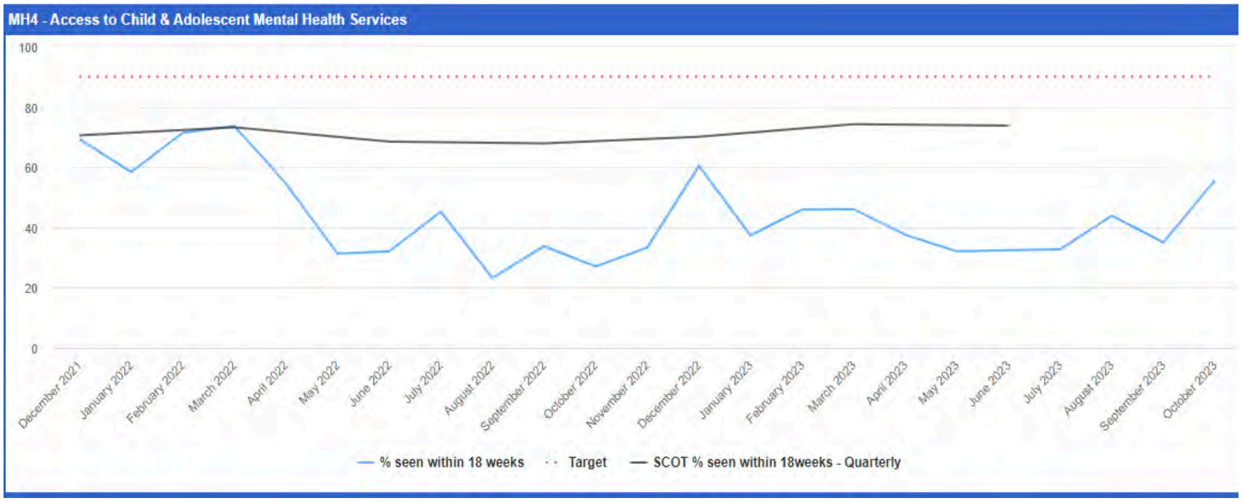
Current Performance

- October 2023 – 55.6% of patients were treated within 18 weeks

Scotland Performance

- Q1 Compliance – 73.8% of patients were treated within 18 weeks

Graph 10: CAMHS 18 week RTT – December 2021 to October 2023



Performance against the LDP standard indicates a more favourable position of 55.6% in October which is an increase of 20.6% when compared to the previous reporting period. Data available in October indicates a projection of achieving 60% of the LDP standard towards the end Quarter 3 2023, with full compliance within Quarter 4. This will be dependent on new and increased capacity, steady demand, workforce stability with no unpredicted changes in workforce.

Significant progress has been made in reducing long waits for first assessment. In June 2022, 319 patients had been waiting for assessment for over a year, as of October 2023 there are no patients waiting over a year. The full waiting list for assessment has decreased from 591 patients at June 2022 to 181 patients as of October 2023, a decrease of 69%.

Continued progress has been made in reducing long waits for treatment. In June 2022, 294 patients had been waiting for treatment for over a year, as of October 2023 these long waits have decreased to 7. The full waiting list for treatment has decreased from 765 patients at June 2022 to 307 patients as of October 2023, a decrease of 60%.

Staff recruitment and retention remains challenging with many opportunities across Scotland. In order to mitigate against this, the service will redesign posts to attract a higher recruitment rate. As part of this drive NHS Forth Valley will highlight the continued focus on staff wellbeing initiatives and scheduled CPD which will enhance opportunities for career progression and succession planning.

New treatment capacity has been increased with the continuation of additional bank and overtime. The service continues to utilise support from the external provider Healios with reporting of approximately 15 patients per month.

Overall appointments have slightly decreased from September (1551) to October (1479), job plans have been flexed towards more treatment appointments to cover seasonal leave in keeping with the CAPA model.

Delayed Discharge

Measures:

- Number of patients waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.
- Number of Bed Days Occupied by delayed discharges. • Number of Guardianship, Code 9 and Code 100.

Current Performance

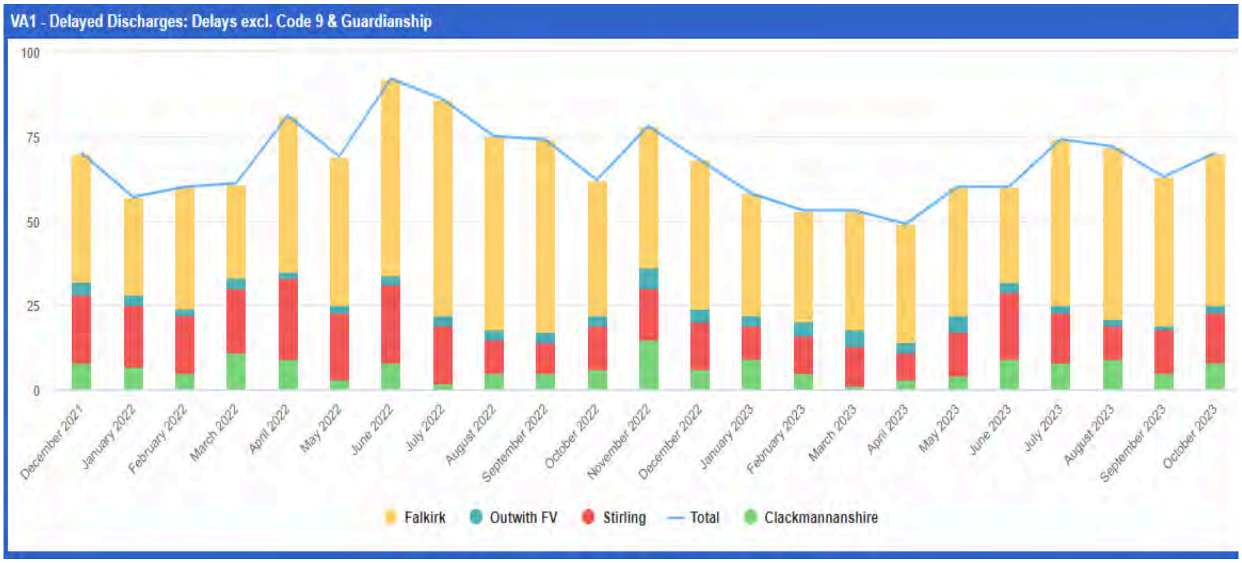
At the October 2023 census:

- 42 patients were delayed in their discharge for more than 14 days • 28 patients delayed less than 14 days • 33 guardianship delays
- 13 code 9 delays
- 3 code 100 delays
- 3,062 bed days were lost due to delays in discharge

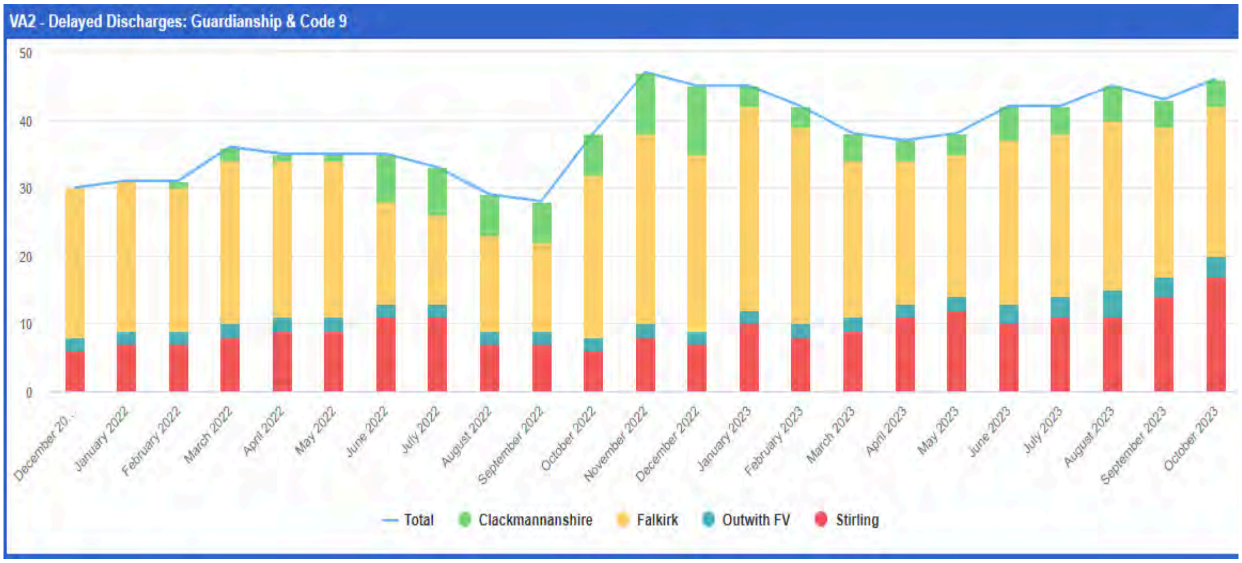
Scotland Performance

- There is no direct Scotland comparison

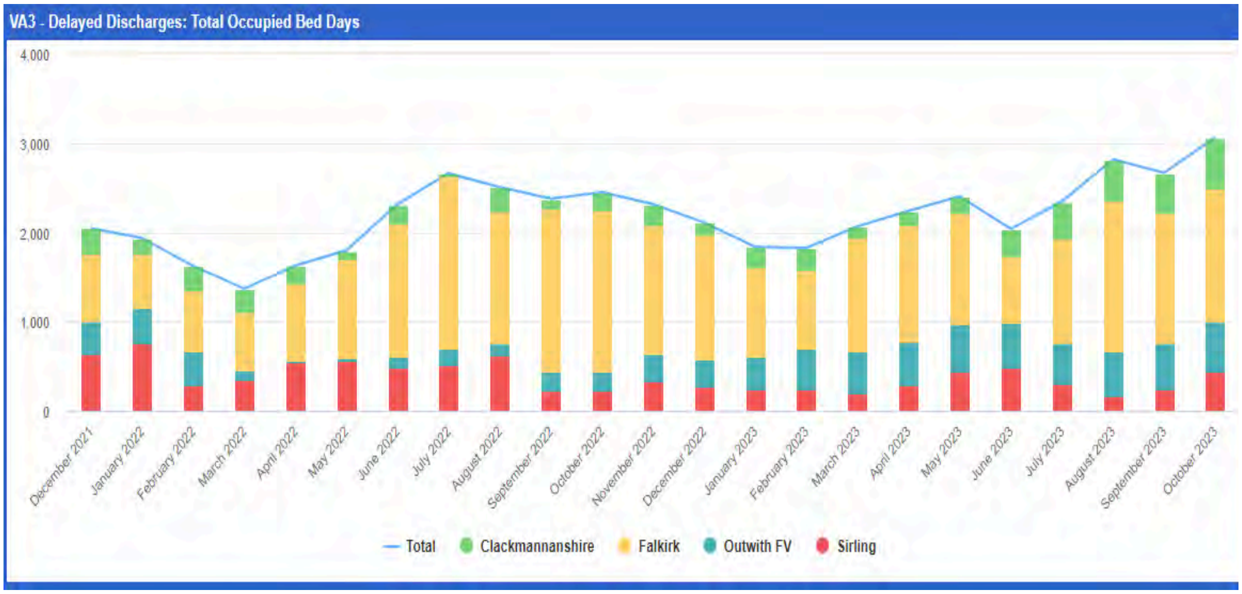
Graph 11: Number of standard delays – December 2021 to October 2023



Graph 12: Number of Guardianship or Code 9 delays - December 2021 to October 2023



Graph 13: Delayed Discharge occupied bed days – December 2021 to October 2023



The October 2023 census position in relation to standard delays (excluding Code 9 and guardianship) is 70 delays; this is compared to 62 in October 2022. There was a total of 46 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 116.

In addition, there were 3 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the October 2023 census was 3,062, this is an increase from 2,448 in October 2022. Local authority breakdown is noted as Clackmannanshire 574, Falkirk 1,483, and Stirling 441. There were a further 564 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Significant focus continues in respect of the delayed discharge position to support capacity and flow of patients through Forth Valley Royal Hospital and the community sites. Work is continuing in partnership, including third sector, to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Actions included are enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site.

Workforce

Measure: To reduce sickness absence to 4%. Interim target of 4.5%.

Current Performance

- 6.92% absence rate in September 2023

Scotland Performance

- 5.94% absence rate in September 2023

The sickness absence target is 4.0%. Absence remains above the target at 6.92% in September 2023 noting a reduction from 7.21% in September 2022. The 12 month rolling average October 2022 to September 2023 is noted as, NHS Forth Valley 7.41%; Scotland 6.30%.

From 1 September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. The Special Leave absence for Coronavirus reasons is noted as 0.57% in September 2023 compared with 0.38% in September 2022.

Total absence for September 2023 is 7.49%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. A multidisciplinary improvement programme is on-going supported by a partnership working group.

Issues in relation to workforce continue to be examined and discussed at the quarterly Staff

Governance Committee.

Implications

Financial Implications

Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- SRR.005: Financial Breakeven

If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

Workforce Implications

Specific workforce issues aligned to areas of performance are highlighted within the report.

The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital

There are no specific infrastructure implications in respect of this paper.

Sustainability Implications

There are no specific sustainability implications in respect of this paper.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

☐ *Yes*

✓✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications

There are no specific information governance implications in respect of this paper.

Risk Assessment / Management

Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- SRR.002 Urgent & Unscheduled Care

If NHS Forth Valley does not take steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

- SRR.004 Scheduled Care

If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – CAMHS and the 62-day cancer target. A risk around Psychological Therapies has been developed and will be discussed at the Directorate Senior Leadership Team in due course.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Relevance to Strategic Priorities

The NHS Board is accountable for the scrutiny and performance of NHS Forth Valley as a whole and to ensure that best value principles are adhered to in delivery and commissioning of services.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

Additional Information

There is no additional relevant information in respect of this paper.

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

8.1 Finance Report

For Assurance

Executive Sponsor: Amanda Croft, Chief Executive

Author: Mr Scott Urquhart, Director of Finance/Mrs Jillian Thomson, Deputy Director of Finance

Executive Summary

This report provides a high-level summary of the financial results for the first 7 months of the 2023/24 financial year.

Recommendations

The NHS Board is asked to:

- **note** the **in-year revenue overspend** of £9.1m reported for the first 7 months of the financial year which reflects additional temporary workforce costs, increases in medicine expenditure, wider inflationary pressures and ongoing Covid legacy issues.
- **note** a 2023/24 **forecast overspend** of £15.6m for the year which is in line with initial financial planning estimates and is at the higher end of the £10m to £15m risk range previously reported. The outturn forecast remains subject to confirmation of outstanding funding allocations, the impact of winter and potential year-end IJB risk-share arrangements.
- **note** that work underway to **mitigate financial risk** has been prioritised, including implementation of financial recovery plans and further targeted initiatives to reduce supplementary staffing costs.

- **note** that delivery of the £25m **savings programme** remains broadly on track at this stage however this is largely non-recurring and further work is required to accelerate delivery of recurring savings schemes.
- **note** a balanced **capital position** as at 31 October 2023 with a forecast break even against the capital resource limit.
- **note** that the **financial planning** process for 2024/25 is in progress and a Scottish Government letter setting out expectations and timelines was issued in late October.

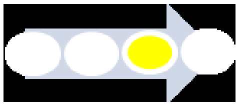
Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

[redacted]

controls with minor frequently but with evidence weaknesses present. of non-compliance.



A Reasonable level of assurance is reported on the basis that mitigating actions to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

Key Issues to be considered

2023/24 Financial Position

The 2023/24 financial plan approved by the NHS Board on 28th March 2023 set out an initial £40.6m deficit partly offset by a £25m savings plan, leaving a projected £15.6m residual gap for the year.

Following detailed review of the financial results for the first seven months of the year, the potential financial risk in relation to the forecast outturn remains at £15.6m (i.e., at the higher end of the £10m to £15m range previously reported). Urgent action is therefore required now to mitigate financial risk as far as possible before the end of the financial year. A Quarter 2 review meeting was held with Scottish Government health finance colleagues to consider further opportunities for cost improvement.

The National Planning and Performance and Oversight Group met on 15 November to discuss the position of each NHS Board on the recently published NHS Scotland: support and intervention framework. NHS Forth Valley has been assessed as being at stage one of this framework for finance. The Scottish Government has confirmed that this is based on the confidence of the financial management and control in place across the Board and strength of the financial leadership. Stage one means that scheduled engagement and consideration of performance will continue through the usual channels, including a Quarter 3 review. Scottish Government colleagues have advised that they would expect to see an improvement in the Quarter 3 position.

A range of actions are underway to improve the forecast overspend, including the development of a financial recovery plan in conjunction with the Acute Services Directorate, non-recurring investment in Occupational Health Services in a bid to reduce sickness absence levels and support staff to return to work, further targeted work on supplementary staffing with Executive level leadership and securing resource from the Scottish Government Finance Delivery Unit to assist with a cost awareness programme initially focusing on workforce, drugs and non-pay/procurement.

Implications

Financial Implications

Financial implications are considered in the main body of the report.

Workforce Implications

There are no immediate workforce implications associated with this report. However it is recognised that Workforce accounts for around half of our total operating expenditure and is therefore a key financial risk area and a major element of our cost improvement plan.

Infrastructure Implications including Digital

There are no immediate infrastructure or digital implications associated with this report. However it is clear that digital opportunities are key element of the cost improvement programme.

Sustainability Implications

There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our cost improvement programme.

Sustainability Declaration *Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021)*

38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and

sustainable development . *(please tick relevant box)* ☐ *Yes*

X N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy. This is supported by the concept of "spending well" and making the most of our resources in terms of cost effectiveness and best value which is a key strand of our cost improvement programme.

Information Governance Implications

There are no direct information governance implications arising from this report.

Risk Assessment / Management

Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the financial impact of ongoing operational service and capacity pressures.

Relevance to Strategic Priorities

This report outlines the total resources to meet the NHS Board's strategic priorities in the 2023/24 financial year. It is essential that strategic priorities are delivered on a sustainable financial basis.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (*please tick relevant box)*

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation This report was prepared in consultation with Senior Finance colleagues.

Additional Information

N/A

Appendices

Appendix 1 YTD savings delivery 2023/24

1.0 OVERVIEW OF MONTH 7 FINANCIAL RESULTS

1.1 Revenue year to date (YTD) results as at 31 October 2023

An overspend of £9.1m is reported for the first 7 months of the financial year as summarised in Table 1 below.

TABLE 1: NHS Forth Valley 2023/24
Annual Apr - Oct Apr - Oct Underspend/ Budget Budget Expenditure (Overspend) Finanical performance

£m £m £m £m

Set Aside & Non-Delegated Functions*

Acute Servies 236.483 136.794 147.047 (10.253) Women & Children's 58.122 33.996 34.991 (0.995) Cross Boundary Flow/External SLAs 61.042 35.669 35.985 (0.316) Non-delegated Community Services 36.323 21.002 22.485 (1.483) Facilities and Infrastructure 125.265 72.193 72.484 (0.291) Corporate Functions 31.236 15.306 14.672 0.634 Ringfenced and Contingency Budgets 12.874 4.500 0.000 4.500 Income (36.619) (23.538) (24.091) 0.553 **Sub total 524.726 295.922 303.573 (7.651)**

Delegated Functions

Operational Services 134.994 78.475 75.973 2.502 Universal Services 174.045 101.831 105.744 (3.913) IJB reserves 11.048 0.000 0.000 0.000 **Sub total 320.087 180.306 181.717 (1.411)**

Reserve transfers (to)/from IJB

Clackmannanshire & Stirling IJB

Falkirk IJB

Sub total 0.000 0.000 0.000 0.000

TOTAL 844.813 476.228 485.290 (9.062) * Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £524.726 above is £77.905m. An oversepnd of £7.544m is reported at month 7.

As part of the month 7 position, a number of revenue allocations have been anticipated and included in budgets pending confirmation from the Scottish Government. Clearly, there is a degree of risk attached to all anticipated allocations until such time as they are formally agreed. We are currently in discission with the Scottish Government to clarify a number of outstanding allocations and funding assumptions.

A £9.1m YTD overspend position is reported at the end of October which represents an adverse movement of £1.2m compared to the position reported in September. This continues to reflect financial pressures in set aside and non-delegated functions due to ongoing capacity and staffing issues, combined with increases in medicines costs and the impact of inflation on energy, premises and IT contracts.

Expenditure on total supplementary staffing amounted to £ 27.8m at end October (up £8.8m or 46% on the same period in the previous year). The majority of this total (69%) relates to nurse bank and agency. Although supplementary staffing costs showed initial signs of improvement in June and July, the position in August to October is less favourable and this is currently being investigated.

Despite the national withdrawal of a range of covid measures, ongoing covid legacy costs is also a factor in the YTD set aside and non-delegated overspend (particularly in relation to non-emergency patient transport costs).

With respect to delegated functions, both HSCPs are reporting unprecedented financial challenges in relation to Primary Care prescribing which is reflected in the £3.9m YTD overspend reported against universal services in table 1 above. This is offset by non-recurring underspends in operational budgets largely due to slippage in service developments and ongoing vacancies in a range of community healthcare services.

Following detailed review of the financial results for the first seven months of the year, the potential financial risk in relation to the forecast outturn remains at £15.6m. This is in line with the deficit originally estimated as part of the 2023/24 financial plan but is at the higher end of the £10m to £15m range previously reported. Note that the forecast position remains subject to a number of key assumptions and risks including receipt of outstanding funding allocations, the impact of winter and potential year-end IJB risk-share arrangements which have not been factored in to the position at this stage.

1.2 Efficiency savings

Work is underway to deliver the £25.0m approved savings plan. To date savings of £17.3m have been achieved as summarised in table 2 below (further detail is provided in appendix 1).

Table 2: Savings category Annual Apr - Oct Apr - Oct Variance Target Target Actual (Set Aside & non-delegated services only) £m £m £m £m Workforce 4.586 2.387 1.159 (1.228) Procurement & Contracts 0.405 0.230 0.040 (0.190) Prescribing 4.372 2.550 2.092 (0.458) Estates & Infrastructure 1.497 1.207 0.877 (0.330) Income Generation 3.421 2.663 2.521 (0.142) Non-recurring actions 10.300 7.835 10.638 2.803 Other 0.419 0.244 0.000 (0.244) **Total 25.000 17.117 17.328 0.211**

Recurring 10.000 4.251 1.640 (2.611) Non-Recurring 15.000 12.866 15.688 2.821 **Total 25.000 17.117 17.328 0.211**

The vast majority of the savings delivered at end of October are largely non-recurring including Bellsdyke income, return of funding banked with the Scottish Government in 22/23, PPP/PFI contractual arrangements and Hep C drug rebates. With respect to delivery of recurring savings, progress is being made in relation to oncology drug switches, including the delayed Lenalidomide switch which has now been implemented following approval of the national Data Protection Impact Assessment. Note that reporting of recurring energy efficiency initiatives is behind schedule and this is being followed up (for example only data for May and June is available at present in respect of income from Electric Vehicle charging points).

Further action is underway in relation to supplementary staffing costs, including a stop on unregistered nurse agency usage with effect from December 2023 and a re-focused approach to grip and control.

2.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CLINICAL DIRECTORATES

Clinical Directorates reported a combined overspend of £8.0m as at 31 October 2023 as summarised in Table 3 below.

TABLE 3: Clinical Directorates*	**Annual Budget £m**	**Apr - Oct Budget £m**	**Apr - Oct Expenditure £m**	**Underspend/ (Overspend) £m**
Acute Servies	236.483	136.794	147.047	(10.253)
Women & Children's	58.122	33.996	34.991	(0.995)
Cross Boundary Flow/External SLAs	61.042	35.669	35.985	(0.316)
Non-delegated Community Services	36.323	21.002	22.485	(1.483)
Ringfenced and Contingency Budgets	12.874	4.500	0.000	4.500
Income	(36.619)	(23.538)	(24.091)	0.553
Sub total	**368.225**	**208.423**	**216.417**	**(7.994)**

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total above is £77.905m. An oversepnd of £7.544m is reported at month 7.

Acute services – an overspend of £10.3m is reported at the end of October. This reflects ongoing service pressures within A&E and various inpatient specialties due to increased demand and length of stay, together with additional workforce costs to cover vacancies and sickness absence. £16.5m of additional temporary staffing costs have been incurred to date within the Acute Services Directorate. Of this total, £11.4m (69%) relates to nurse bank and agency use. Key service areas where bank and agency staff are being deployed include Acute Assessment, the Emergency Department and wards A11, A32, B11, B23, B31 and B32.

The adverse year to date position is also exacerbated by ongoing staffing challenges across other parts of the health and care system which is impacting on an element of the planned discharge profile from the hospital. Unachieved historic recurring savings targets is also a key factor together with a number of ongoing Covid legacy costs arising from previous gold command decisions and Scottish

Government directives. Clear exit strategies are required in relation to these costs together with the phased closure of contingency areas. Given the scale of the YTD overspend and likely forecast outturn, a formal recovery plan has been requested from the Acute Services Directorate.

Women & children's – an overspend of £1.0m is reported at end of October. This reflects the impact of new Paediatric diabetes technologies, paediatric complex care packages and historic unachieved savings targets. Discussions are ongoing with the Directorate to mitigate financial risk as far as possible (including follow up with Scottish Government in relation to outstanding CAMHS funding allocations).

Cross boundary flow/external SLAs – an overspend of £0.3m is reported at the end of October largely due to Out of Area Treatments, unplanned activity and SLA exclusions.

Non-delegated community services – an overspend of £1.5m is reported at the end of October. This reflects increased nurse agency usage in Prison healthcare settings (particularly Glenochil) and additional costs associated with surgical sundries, wound management products and the new prison pharmacy contract. Pressures are also reported in set aside mental health services due to higher than average staff absence levels, necessitating the use of ongoing bank and agency cover.

Ringfenced and contingency budgets – £4.5m of funding has been released from central budgets at the end of October to offset costs in respect of key service developments pending funding allocations being processed.

Income – income received to the end October was £0.6m higher than planned levels. This is largely due to income from externals.

3.0 SET ASIDE & NON- DELAGATED FUNCTIONS - CORPORATE DIRECTORATES

A combined underspend of £0.3m is reported for Corporate Services and Facilities & Infrastructure as at 31 October 2023 as summarised in table 4 below.

TABLE 4: Corporate Functions and
Annual Apr - Oct Apr - Oct Underspend/ Budget Budget Expenditure (Overspend) Facilities & Infrastructure £m £m £m £m
Facilities and Infrastructure 125.265 72.193 72.484 (0.291)

Corporate Functions

Director of Finance 4.268 2.500 2.465 0.035 Area Wide Services (2.146) (4.182) (3.905) (0.277) Medical Director 11.615 6.560 5.867 0.693 Director of Public Health 3.561 1.973 2.038 (0.065) Director of HR 5.989 3.474 3.457 0.017 Director of Nursing 3.991 2.339 2.273 0.066 Chief Executive 2.277 1.315 1.306 0.009 Portfolio Management Office 0.569 0.334 0.244 0.090 Immunisation / Other 1.112 0.993 0.927 0.066 Corporate Functions sub total 31.236 15.306 14.672 0.634

Sub total 156.501 87.499 87.156 0.343

Facilities and Infrastructure – an overspend of £0.3m is reported at the end of October. This is primarily due to pressures in relation to non-emergency patient transport, clinical waste, postages and energy. Latest projections for energy costs are concerning and the forecast is currently being reassessed. A number of immediate actions have been identified to strengthen financial controls around postage and transport. Acceleration of the roll out of a number of energy efficiency initiatives is also being assessed to reduce consumption as far as possible in year.

Corporate Functions – a combined underspend of £0.6m is reported at the end of October. This is largely driven by vacancies in the Medical Director and PMO budgets. Emerging pressures are reported in relation to Public Health due to a number of unfunded posts which is currently being investigated.

4.0 DELEGATED FUNCTIONS – HEALTH & SOCIAL CARE PARTNERSHIPS

Delegated health functions reported under the Health and Social Care Partnerships (HSCPs) returned a combined overspend of £1.4m as at 31 October 2023 as summarised in table 5 below.

TABLE 5: Health & Social Care Partnerships

	Annual Budget £m	Apr - Oct Budget £m	Apr - Oct Expenditure £m	Underspend/ (Overspend) £m
Clackmannanshire and Stirling HSCP				
Operational Services	60.683	35.038	34.696	0.342
Universal Services	88.720	51.837	54.188	(2.351)
Ringfenced and Contingency Budgets	4.737	0.000	0.000	0.000
Subtotal	154.140	86.875	88.884	(2.009)
Falkirk HSCP				
Operational Services	74.311	43.438	41.277	2.161
Universal Services	85.324	49.993	51.556	(1.563)
Ringfenced and Contingency Budgets	6.311	0.000	0.000	0.000
Subtotal	165.946	93.431	92.833	0.598
TOTAL	**320.086**	**180.306**	**181.717**	**(1.411)**

The HSCP budgets summarised in table 5 exclude budgets in respect of large hospital services, also referred to as set aside, which amount to £77.9m. Responsibility for operational and financial management of the Set Aside functions currently resides with NHS Forth Valley (with the exception of set aside Mental Health services which are now operationally managed by Clackmannanshire and Stirling HSCP. Wider discussion is required on how this will impact on the financial management arrangements for set aside Mental Health services going forward.

In terms of the year-to-date position for delegated functions, the key financial challenge experienced by both HSCPs continues to relate to primary care prescribing which is reported under universal services in table 5. Volume growth in the number of items prescribed and the average cost per item are expected to remain higher than original planning assumptions for the remainder of the financial year due to ongoing demand, short supply issues and uptake of new drugs (including the transfer of Buvidal costs which were previously funded through Alcohol and Drug Partnership budgets in prior years). Note that due to delays in the processing of actual prescribing costs, the month 7 results reflect actual costs for the month of April and May only. Estimates have been applied for Jun to Oct which is a key risk given the level of volatility in this area. The processing delay is directly linked to the introduction of the new Data Validation Pricing Capture system which went live on 1st July 2023 (for May prescriptions onwards). Cost estimates for Jun to Oct have been provided based on prior year trends in terms of volumes and the average cost per item as advised by the national Primary Care Technical Group to inform the month 7 position. The processing issue is not expected to be resolved until end December.

As reported in table 5, the pressure on the primary care prescribing budget is partially offset by non-recurring underspends on operational services in Clackmannanshire and Stirling HSCP due to vacancies and slippage in recruitment within community Mental Health services and community based AHP services.

Similarly, Falkirk HSCP are also experiencing ongoing vacancies and associated non-recurring underspends in community Mental Health services, community based AHP services, community Learning Disability services and Health Improvement. In addition, there is slippage in service developments, including the new slow stream rehab service which was funded by re-purposing part of the FCH closed ward 1 to 4 budgets.

Initial discussion has taken place with both CFOs in relation to risk share arrangements and it is expected the existing risk share arrangements negotiated in the previous financial year will be carried forward to 23/24 with longer term risk sharing arrangements being built into the revision of the Integration Schemes for both IJBs. However before risk sharing is enacted it is expected that appropriate corrective action will be undertaken by Chief Officers as per section 8.5 of the extant

Integration Schemes to mitigate financial risk thereby avoiding the need for risk sharing as far as possible.

5.0 CAPITAL

The total annual net capital budget for 2023/24 is currently estimated at £10.541m. This reflects the core Capital Resource Limit (CRL) of £6.4m as advised by the Scottish Government, together with £5.5m of anticipated allocations and other adjustments which are expected to be applied to the CRL during the course of the year.

Note that the overall capital budget reduced by £1.3m in October compared to the previous month which reflects a review of planned expenditure phasing on projects within Estates and Facilities that will carry into 2024/25 and an increase in indirect capital which is charged to revenue.

TABLE 6: 2023/24 NHS Forth Valley Annual April - Oct April - Oct Underspend/ Capital position Budget Budget Expenditure (Overspend)

	£m	£m	£m	£m
Elective Care	3.382	2.028	2.028	0.000
Information Management & Technology	3.184	1.312	1.312	0.000
Medical Equipment	2.050	1.336	1.336	0.000
Facilities & Infrastructure	3.499	1.003	1.003	0.000
NHS Board corporate projects	0.371	0.157	0.157	0.000
Right of Use Assets IFRS16	0.700	0.463	0.463	0.000
Indirect Capital Charged to Revenue	(2.645)	0.000	0.000	0.000
Total	**10.541**	**6.299**	**6.299**	**0.000**

As reported in table 6 above, a balanced position is reported for the 7-month period ending 31 October 2023. To date expenditure of £6.3m has been incurred, leaving a net balance of £6.9m to be spent in the remainder of the financial year. Specific commentary on each budget line is provided below.

Elective Care – Works continue on the National Treatment Centre (NTC) Modular Build with funding arrangements factored into the projected outturn position. The NTC car park was completed during April 2023. Capital expenditure to date equates to £2.028m, which is in addition to the £9.2m already capitalised in previous financial years. However it is recognised that there are technical specification issues which remain unresolved at this stage and this is being taken forward in conjunction with Forth Health and NHS Assure.

Information Management & Technology – to date the sum of £1.312m has been spent on Information Management & Technology projects, including staff costs recharged to Capital, electronic patient records and various server and network infrastructure upgrades.

Medical Equipment – As at 31 October 2023 expenditure committed on Medical Equipment items equated to £1.336m, an increase in month of £0.396m relating to the procurement of Cardiology monitoring equipment, a Dexa Scanner, Osmometer replacements used within Clinical Chemistry. In addition, costs were also incurred for the Spect-CT Scanner for Nuclear Medicine.

Facilities & Infrastructure - a total of £1.003m is reported as spent or committed as at 31 October 2023 within Facilities and Infrastructure managed projects. This relates to compliance works, staff recharged to capital, art therapy works at Bellsdyke, the creation of Greenspace at Stirling Community Hospital and flooring works in various Health Centres throughout the NHS Forth Valley estate.

NHS Board and Property Sales – as at October 2023 the final minimum price guarantee income for the Bellsdyke development was accounted for at £0.9m. In addition, a capital grant of £0.140m was awarded to Strathcarron Hospice in respect of unavoidable energy infrastructure upgrades, a small sum was spent on ASDU equipment and a replacement specialist bed for Bo'ness Hospital. The position also reflects completion of the sale of property at Graham Avenue in Larbert.

During October expenditure incurred on new fleet cars was accounted for as Right of Use Assets in line with the requirements of International Financial reporting Standard 16 (IFRS 16). To date the sum of £0.463m has been capitalised and it is anticipated that this figure will rise to £0.700m by the end of the financial year.

Appendix 1 – YTD savings delivery 2023/24

Category (Set Aside & non-delegated services Annual Apr - Sept Apr - Sept Variance RAG Target Plan Actual only) £000s status £000s £000s £000s Workforce

Reduction in supplementary staff costs 3,454 1,382 576 (806) AMBER Retinue fees & charges 132 0 0 0 RED Turnover/incremental progression 1,000 500 500 0 GREEN

4,586 1,882 1,076 (806)

Procurement & Contracts

VAT advisory services 5 3 0 (3) RED Hand Towels 35 16 16 0 GREEN Gloves 33 15 15 0 GREEN Reducing non-contract spend 23 11 0 (11) AMBER Carriage charges 3 2 0 (2) GREEN Change of Tourniquet Supplier Via NDC 20 9 9 0 GREEN Catering (plastic spoons to wooden spoons) 6 3 3 0 GREEN Complex Care Education Provision Review 72 36 0 (36) RED Review of Complex Care Third Party Provision 208 104 0 (104) RED

405 198 43 (155)

Prescribing

Abiraterone switch 730 365 264 (101) GREEN Lenalidomide switch 415 208 0 (208) GREEN Fingolimod switch 201 101 0 (101) RED Patient Access Scheme rebates 2,800 1,400 1,400 0 GREEN Cold chain/reduction in waste 66 0 0 0 RED Complex rebates/review of contracts 150 0 0 0 AMBER Review of homecare arrangements 10 0 0 0 AMBER

4,372 2,073 1,664 (409)

Estates & Infrastructure

PPP/DBFM review of contractual arrangements 900 850 877 27 GREEN Energy efficiency 255 0 0 0 GREEN Review of order comms 40 20 0 (20) AMBER Review of desk top assets (incl mobiles) 50 25 0 (25) AMBER Patient hub/postages 250 0 0 0 RED Waste 2 0 0 0 RED

1,497 895 877 (18)

Income Generation

Overseas visitors	135	68	26	(42)	AMBER
Electric Vehicle charging income	300	27	9	(18)	GREEN
Mutual aid/capacity support to other NHS Boards	1,000	500	500	0	AMBER
Bellsdyke income	1,956	1,956	1,956	0	GREEN
Provision of training by Women & Children's service	10	5	0	(5)	RED
Travel vaccinations	20	10	30	20	GREEN
	3,421	**2,566**	**2,521**	**(45)**	

Non-recurring actions

Revenue funding banked 22/23	3,000	3,000	3,000	0	GREEN
Annual leave carry forward	700	0	0	0	AMBER
Anticipated slippage on investment	1,429	1,429	1,429	0	GREEN
Unplanned financial benefits	3,851	1,605	3,051	1446	GREEN
Balance sheet opportunities	1,320	1,133	1,162	29	GREEN
	10,300	**7,167**	**8,642**	**1,475**	

Other

Reducing unwarranted variation	209	87	0	(87)	RED
Whole system integration opportunities	210	88	0	(88)	RED
	419	**175**	**0**	**(175)**	

Total 25,000 14,955 14,823 (132)

12

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

9.1 Medical Education – Annual Report Response

For Assurance

Executive Sponsor: Mr Andrew Murray, Medical Director

Author: Dr Michele McClung, Clinical Governance Committee Chair; Mr Andrew Murray, Medical Director

Executive Summary

A visit to Internal Medicine and Specialties by the West of Scotland Deanery took place on 20 January 2023 and raised one serious concern which required immediate action on patient safety grounds - lack of consultant physician oversight over medical patients housed in ED for more than a day. The visit included structured interviews with management, trainers, and trainees of all grades. There were 80 Doctors in Training within Internal Medicine contributing to unscheduled care delivered in key areas with some senior trainees also contributing to scheduled care.

Recommendation

The Forth Valley NHS Board is asked to: -

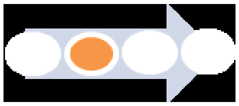
- **note** the current position and actions identified.

Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Limited Assurance Satisfactory framework of Controls are applied but with

key controls but with some significant lapses. significant weaknesses



evident which are likely to

undermine the achievement

of objectives

- A limited level of assurance has been reported on the basis that the progress of the SMART objectives was presented to the Clinical Governance Committee in May 2023 and tabled for noting in November.

Key Issues to be Considered

- Initial feedback provided on 21 January 2023 raised one serious concern requiring immediate action to address a patient safety issue – lack of consultant physician oversight over medical patients housed in ED for more than a day. This has since been actioned.

- The final report was disseminated on 21 January 2023 to Directors of Medical Education, Postgraduate Deans, Associate Postgraduate Deans, Training Programme Directors and Speciality Board Chairs.
- An action planning meeting was held in March 2023 at which a set of SMART objectives were agreed.
- There was an action plan review meeting which took place on the 20 June 2023. Initial feedback from this meeting described allegations of undermining within a Department. This was addressed at the time.

- The detailed update on the SMART objectives was shared with the Clinical Governance Committee on the 14 November 2023, which demonstrated the progress with each of the ten SMART objectives including updates on actions.
- Recruitment to allow workload to be matched to workforce is ongoing. One Consultant has commenced a post in Respiratory Medicine with a further Consultant recruited and due to start in December. Recruitment to GI and Acute Medicine is in progress.

Implications

Financial Implications

There have been costs associated with Locum Consultant Physicians attending to medical patients in ED as well as a cost this year relating to non-compliance of the FY1 rota.

Workforce Implications

The objectives include recruiting substantive Consultant Physicians and increasing support in the administration of middle grade medical rota. If recruitment is successful there is likely to be an increase in wellbeing for the Doctors affected by this rota and the provision of training opportunities which will enhance job satisfaction for medical trainees.

Infrastructure Implications including Digital

There will be no infrastructure implications including Digital from this paper.

Sustainability Implications

There are no sustainability implications from this paper.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. (please tick relevant box)

☐ Yes

√ N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

There will be positive impacts to medical patients in ED as well as improvement in the training opportunities and quality of training to support safer delivery of patient care.

Information Governance Implications

There are no information governance implications from this paper.

Risk Assessment / Management

The West of Scotland Deanery visit risk assessment is on our Forth Valley corporate risk register and the actions from the SMART objectives are monitored through our Forth Valley Clinical Governance Committee.

Relevance to Strategic Priorities

National Health and Wellbeing priorities 7 and 8 planned quadruple aim of NHS Scotland and urgent and unscheduled care.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

Nil

Additional Information

Nil

Appendices

Nil

NHS
Forth Valley

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

Anchor and Community Planning Partnership Update For assurance

Executive Sponsor: Dr Jennifer Champion, Interim Director of Public Health

Author: Susan Bishop, Head of Efficiency, Improvement and Innovation, Hazel Meechan, Public Health Specialist

Executive Summary

NHS Forth Valley is a statutory partner in three community planning partnerships and an anchor institution within the local area. The Centre for Local Economic Strategies defines anchor institutions as organisations which has an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality and controlling large areas of land and/or having relatively fixed assets. This paper provides NHS Forth Valley Board members with a summary of key deliverables, programmes currently being planned, and issues being addressed.

Recommendation

The Forth Valley NHS Board is asked to: -

• **note** the submission to Scottish Government of the first NHS Forth Valley Anchor th Strategic Plan and plan to submit a baseline set of metrics by 29 March 2023; • **note** the review by NHS Forth Valley's Anchor Board of the self-assessed maturity of our anchor contribution and potential for members’ collective action;

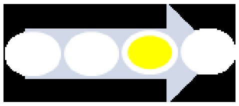
- **note** the key issues currently being planned and addressed in the three local Community Planning Partnerships across Clackmannanshire, Falkirk, and Stirling;
- **note** the reasonable assurance of delivering our anchor and community planning contributions to our local communities.

Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls Reasonable Assurance Adequate framework of key Controls are applied

controls with minorfrequently but with evidence



weaknesses present. of non-compliance.

NHS Forth Valley is a statutory partner in local community planning partnerships and an anchor institution within the local area. If NHS Forth Valley’s contribution to community health and wealth building is not aligned to our partners’ strategic plans and to external policy drivers, there is a risk that we do not meet the needs of the population particularly in our communities of greatest need. The outcome of this would be a further reduction in healthy life expectancy in our communities of greatest need leading to worsening poverty levels, increases in health inequalities and in demand for health improvement and healthcare services.

Key Issues to be Considered

Anchor Contribution

Anchor Strategic Plan

The NHS Forth Valley Anchor Strategic Plan 2023 – 2026 was submitted to Scottish Government at the end of October 2023. The Anchor Strategic Plan describes the origin and development of NHS Forth Valley's anchor programme of work, baseline activities and the actions to be progressed. Scottish Government is expected to provide 'light touch' feedback in the first few months of 2024.

Scottish Government Delivery Plan Guidance advised that procurement, employment and land and assets be the focus for this purpose for 2023-2026. The Anchor Strategic Plan sets out a logic model for these with the outcome of improving healthy life expectancy, particularly for communities of greatest need within Forth Valley.

A baseline self-assessment was undertaken by our Anchor Springboard, co-chaired by NHS Forth Valley and Clackmannanshire and Stirling Health and Social Care Partnership (H&SCP) and including Falkirk H&SCP. This process of maturity assessment used Public Health Scotland's "Harnessing the power of anchor institutions: a progressive framework for Scottish organisations (June 2023)" and informed the Strategic Plan.

Scottish Government recently circulated new NHS Scotland Anchor metrics guidance. NHS Forth Valley was one of three Boards contributing to the development of these. Each NHS Board is required to submit employment, procurement and land and assets metrics as set out in the guidance to Scottish Government by Friday 29 March 2024.

NHS Forth Valley Anchor Board

NHS Forth Valley Anchor Board met in July 2023 and approved our Anchor Springboard's proposed priorities for 2023-2024. Importantly, these include progressing innovative design and delivery of clinical and care services to improve health equity. The approach to this is intended to be place-based, to take opportunities for partnership working and to gain best value for people most in need.

The Anchor Board met again in October 2023 to plan for the NHS Forth Valley Anchor Strategic Plan. The Anchor Board undertook a workshop to review the maturity self-assessment and scope how the Board can maximise anchor achievements in the three priority areas in collaboration with partners. The output from the workshop has been integrated into the Anchor Strategic Plan.

Service Design and Delivery - Whole System Leadership Team's Contribution

The NHS Forth Valley Whole System Leadership Team, in May 2023, included a session to scope opportunities for NHS Forth Valley to contribute more to communities through the way we design and plan delivery of services. Anchor Institution service delivery is designed to help those facing poverty and disadvantage. Outputs from the session have been integrated into the NHS Forth Valley Anchor Strategic Plan.

Forth Valley University College NHS Partnership

A presentation of Year 1 (October 2022-2023) activity was made at the Anchor Board Meeting in July 2023 (See Appendix 1 for Year 1 Report).

Priority setting for 2023-2024, as with all partnerships, comes through stakeholder meetings and needs to be agreed across the organisations. The three proposed priority areas for the coming year are:

- Evaluation of the first year of work.
- Development of new programmes within the region that will address the health and social care workforce issues.
- Share at least one other leadership and management practice/education across the three organisations.

Community Planning Partnerships Update

Clackmannanshire Community Planning Partnership

Following discussions with the Chair of the Board and former Chief Executive with the Leader of Clackmannanshire Council and Clackmannanshire Council Chief Executive, an agreement has been made to collaborate to integrate the council and Board Anchor and community wealth building plans to maximise community wealth and health building offers to the Clackmannanshire community.

At the Clackmannanshire Alliance meeting in August 2023, the Alliance discussed and endorsed the Clackmannanshire Promise Plan 2023-2026, the Clackmannanshire Family Wellbeing Partnership Annual Plan 2023/24 and the Clackmannanshire Violence Against Women and Girls Strategy 2023-2026. The Alliance also considered the proposed refreshed vision, principles and priorities for the Sport and Active Living Framework 2018-2028.

A consultation event on the Clackmannanshire Community Planning Partnership Wellbeing Economy Local Outcome Implementation Plan (LOIP) scheduled for 21 November has been re-scheduled for early 2024.

The Clackmannanshire Tackling Poverty Partnership is in the final stages of producing the Local Child Poverty Action Report 2023. Planning of the Clackmannanshire Child Poverty Action Plan 2024-2027 will commence in the last week of November. Clackmannanshire Community Planning Partnership held a number of Challenge Poverty Week community sessions in October, including a 'one stop shop' event for families at Alloa Academy. This focused on maximising benefits and supporting employment opportunities.

Falkirk Community Planning Partnership

The Falkirk Plan, Annual Report 2022-23 is currently in draft. Although the following impacts on communities cannot yet be quoted, they give an idea of the positive effect the Plan has had on the communities of Falkirk, through a co-ordinated approach across all partner organisations:

Theme 1 – Working in Partnership with Communities - what's the Impact on our communities?

- £734,131 for place-based capital projects and £43,233 for small grants through Community Choices Phase 3
- £718,000 investment in health inequalities and wellbeing • 63 locality-based projects funded by Falkirk Health and Social Care Partnership totalling £3,331,968.50

- £2.5 million for carers from Falkirk Health and Social Care Partnership

- £432,000 investment in community mental health and wellbeing distributed by CVS Falkirk.

Theme 2 – Poverty - what's the impact on our communities?

- Falkirk Council's Household Support Fund was re-launched at the start of September 2022. As of 13th January 2023, the fund had paid £551,040 to 3085 households identified as struggling but engaging with support or advice services. This has supported 3578 adults and 2530 children to meet essential costs such as food and fuel. The household support fund is available by referral from support services such as the Advice Hubs, Community Advice Services, Housing Officers, Registered Social Landlords and the three Citizens Advice Bureaux

- Free swimming for GoCard holders was introduced on the 1st September 2022. GoCard eligibility criteria was aligned with the Councils' charges and concessions policy from 1st October. The impact of these changes is as follows - 567 GoCard holders enjoyed over 3600 individual free swims during September and October 2022 - a 31% increase in the number of GoCard members swimming from the same period in 2021

- The second phase of the Household Support Fund provided support of £792,660 to 4,492 low-income households, supporting over 5,261 adults and 3,541 children between September 2022 and May 2023. Of those supported , 1,404 were lone parent households (31%), 424 had three or more children (9%), 17% were households where someone has a disability and 8% were care experienced

- For Summer 2023, 24 different groups and services across the Falkirk area provided activities, food and childcare during the school holidays, providing over 3,500 summer activity places for low-income households.

Theme 3 – Mental Health & Wellbeing - what's the Impact on our communities?

- Falkirk Suicide Prevention Fund has a recurring budget of £23,000. The fund aims to develop and/or increase the capacity of services that support suicide prevention in Falkirk. Currently, four projects are supported by the fund.

- The Community Mental Health and Wellbeing (Children and Young People) Team,

  following a successful pilot year, commissioned three face-to-face mental health and wellbeing services for children and young people (ages 5-24, 26 if care experienced) with our partners Aberlour, Barnardo's and FDAMH.

- Children and Adolescent Mental Health Services Psychological Therapies Early

  Intervention Project provides links, liaison and direct support from child psychology to community children's services. This includes providing support for Lets Introduce Anxiety Management (LIAM), and Decider Skills7 as well as providing professional consultations for children's services.

- Delivery of the Primary Care Improvement Plan (PCIP) has supported developments

  in General Practice throughout Forth Valley. Over the last four years the plan has brought in over 180 new staff, including Primary Care Mental Health Nurses, which has provided around 3500 appointments per month.

- The Community Link Worker (CLW) role is a non-clinical role now embedded within

  more than 15 General Practices. CLW address the socio-economic and personal circumstances influencing physical and mental health and wellbeing. This is in line with Scottish Government's Mental Health and Wellbeing Strategy 2023.

Theme 4 – Substance Use - what's the Impact on our communities?

• 3091 Naloxone kits have been issued in Forth Valley • 65 referrals to the Forth Valley Family Support service from Falkirk

- The following awareness sessions were carried out to increase understanding and reduce stigma - Overdose Awareness Day, ASH Scotland No Smoking Day, ASH Tobacco Charter and the SRC Recovery Walk
- Out of 128 referrals to the Family Support Service between April 2022 and March 2023, 65 (51%) were from Falkirk with the highest rate coming from the FK1, FK2 and FK5 postal areas. Support offered includes drop-in recovery cafes, provided in partnership with the Forth Valley Recovery Community and Change, Grow, Live. Other supports include monthly family support groups, community reinforcement and family training (CRAFT), creative coping groups and guided meditation and reiki sessions
- 4 out of the 8 high schools in the Falkirk Council area have attended sessions to explore the social influences for young people around risk-taking behaviours such as alcohol, drugs, and tobacco.

Theme 5 – Gender-Based Violence - what's the Impact on our Communities?

- Homeless applications related to domestic abuse have reduced from 335 in 2021 to 330 in 2022 with the percentage of total homeless applications related to domestic abuse have reduced from 31.3% in 2021 to 28.9% in 2022.

Theme 6 – Economic Recovery - what's the impact on our communities?

- A total of 939 Modern Apprenticeship started in the Falkirk area in 2022/2023 which is an increase of 30 from 2021/2022. Of the 95 live Modern Apprentices being supported by the Employment and Training Unit currently, 68 are employed within Falkirk Council
- The no qualification rate in Falkirk continues to decrease from 16.5% in 2019 to 10.1% in 2021, however this remains higher than the Scottish average of 7.8%
- Parental Employment Support Programme (PESF) 2022/2023:142 unemployed

parents commenced PESF programme with 34 unemployed parents successfully securing employment and 6 unemployed parents progressing to further education. 30 young parents are continuing their support journey through the dedicated Young Parents Programme.

- Continued funding of dedicated financial capability and debt advisors embedded within the Parental Employment Support team resulted in parents accessing £250,952 of unclaimed benefits and £127,574.43 of debt support funding, in addition to direct access to employability support provision and better off in work calculations. This support will be increased in 2023/2024
- Of the 189 Fair Start first job starts across the Forth Valley contract delivery area, Falkirk achieved 89 (48%) first jobs for these vulnerable participants
- Claimant rates have decreased from 5.4% in April 2020 to 3.1% in April 2023, which remains lower than the Scottish rate of 3.3%
- The employment rate was 76% in Falkirk in 2022 and remained higher than the Scottish average of 74.4%

The Falkirk Community Planning Partnership Community Wealth & Health Building Partnership identified the priority themes for the Community Wealth & Health Building action plan to be procurement and employability at the September meeting of the group. The group meets on 27 November for an action planning workshop.

Falkirk Local Employability Partnership has commenced planning for financial year 2023/24 with the main priority being delivery of the No One Left Behind strategy with priority groups being child poverty priority groups and young people.

The Falkirk Child Poverty Action Report has been published and sets out the activities undertaken in the last year to tackle child poverty across the Falkirk Council area and a rolling three year action plan to tackle poverty locally. Falkirk Council has produced an Income Maximisation Strategy 2023-2025 which aims to assist people to understand what benefits and in-kind support they are entitled to and provide them with targeted advice and support to help them maximise their entitlement. The Fairer Falkirk Partnership has established an Income Maximisation Steering Group to progress the plans within the strategy.

NHS Forth Valley Public Health Directorate continues to support the development of the Falkirk & Grangemouth Growth Deal Greener Grangemouth Programme outline business case. The proposed ten year programme aims to improve healthy life expectancy, attainment and wealth in the Grangemouth area.

Falkirk Education Services has established a working group to develop a partnership approach to addressing current challenges faced by young people with sleep patterns, mental health and attainment. The work will be led by young people and focus on health behaviour changes to improve sleep patterns.

Stirling Community Planning Partnership

Stirling Community Planning Partnership Executive Board met on 7 September where the group approved the Equally Safe and Community Justice annual reports for Scottish Government. A large part of the agenda at this meeting was consideration of a shared thematic focus for 2024. The Executive Board agreed to a shared focus on social isolation and mental wellbeing in 2024. The Senior Officers Group is tasked with developing the plan for this.

The Senior Officers Group has recently received a presentation on the TACTRANS regional transport strategy and an update on the Forth Valley College consultation.

A community planning partnership workshop took place in early November at the University of Stirling to scope a sustainable food plan for Stirling.

Implications

Financial Implications

The Executive Leadership Team in January 2023 reviewed a proposal to backfill co-leads' time and recruit an Employability Manager to plan and support the Anchor work. Agreement was given to recruit an Employability Manager, with a person recently appointed and managed by Head of Organisational Development.

Workforce Implications

Directorate of Public Health and Anchor Leads work closely with Directorate of Human Resources colleagues to identify and plan for workforce issues and increase employability for people in Forth Valley, including NHS Forth Valley staff, many of whom live in Forth Valley.

Infrastructure Implications including Digital

Directorate of Public Health and Anchor Leads work closely with Digital and eHealth, Facilities, and Serco colleagues to identify opportunities for collaborative working and alignment of plans.

Sustainability Implications

Net Zero/reducing environmental impact is one of our pillars of Anchor contribution. Maximising collective use of buildings and land, sustainable travel and transport and sustainable care are objectives within the Anchor Springboard programme of work.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

☐ *Yes*

☐ *No*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

Working with Local Authority and other partners organisations should allow us to better design delivery of care to meet the needs of our communities and improve quality of care.

Information Governance Implications

Nil

Risk Assessment / Management

The plans have the potential to contribute to management of corporate risks SRR 017 Environmental Sustainability and Climate Change, SRR 009 Workforce Plans and SRR 014 Healthcare Strategy.

Relevance to Strategic Priorities

This work is intended to deliver on national Anchor Institution policy, regional plans, objectives in our NHS Forth Valley Annual Delivery Plan and our statutory duty as a community planning partner. The Strategic Plans of both Health and Social Care Partnerships are also taken into consideration.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted

Communication, involvement, engagement and consultation *Briefly detail which stakeholders, groups & / or individuals have been involved in contributing to the document, use a table format if required for ease of understanding.*

ADDITIONAL INFORMATION

Nil.

Appendix 1: Forth Valley University College NHS Partnership Year 1 Report

Appendix 1

Forth Valley University College NHS Partnership

NHS Forth Valley, University of Stirling, Forth Valley College

The Forth Valley University College NHS Partnership was established in October 2022, and this report provides an overview of its activities in 2022/3 (Appendix One).

Year One: Report on activity

1. Research & Innovation

a. We have established mechanisms for joint working on research and innovation governance (e.g. Data Sharing Agreement for evaluation work of this project; mutual use of spaces; Triple Helix ways of working).

b. We worked collaboratively to develop a joint mission-oriented research strategy linked to each organisations' strategic priorities (e.g., proposed Logie Institute, UoS).

c. We focussed on research and innovation in musculoskeletal work and cancer care (for example, gaining CRUK funding for prostate and breast cancer diagnoses pathways).

d. We jointly produced a development programme for researchers, including clinical academics, across organisations to produce world-leading impactful research that is significant and rigorous (e.g., provided statistician session for NHS FV researchers; MRes Health applicants from the region).

e. We have set up and agreed a scheme providing Clinical Academic Homes for practitioners/researchers – the first Homes will be set up in Jan 2024.

f. We are working closely with the Business Engagement team and NHS to help identify and tender for new funding streams in Forth Valley and beyond (e.g., evaluation of drone delivery of medication to remote and rural communities, funded by NHS Highland, commences Jan 2024).

g. We worked collaboratively to produce evidence of impact of our research and innovation to the region and our communities, with specific focus on areas of deprivation (e.g., data input to Shaping Places for Well-being in Alloa; Student data projects including Greener Grangemouth Hackathon).

2. Workforce development and career pathways

a. To initiate, implement and evaluate curricula and associated practice experiences. We have several initiatives in development:

b.

1. Co-production of a graduate entry physiotherapy and podiatry programmes, for entry Jan 2025.
2. Tender for graduate-entry medical school (for Sept 2026 delivery). 3. Co-production of a Scotland-wide level 11 Surgical Care Practitioner Programme in Sept 2024.

c. We are working collaboratively to proactively develop a world class practice learning environment, including clinical skills infrastructure, and using feedback from practice environments for quality improvement.

d. FV NHS have employed an Employability Manager role, commenced in Aug 2023.

e. We have jointly been delivering sessions to stakeholders and providing strategic advice to each other on the development of new work that promotes careers in health and social care:

   a. FVC are creating a Centre of Excellence (in Alloa) for health and social care carers.

   b. Promotion of health and social care careers in schools and with Careers Advisors throughout the region.

   c. Promotion of the Forth Valley University College NHS Partnership to colleagues in the region’s Health and Social Care Partnerships, as well as gaining working in collaboration with them to set the priorities for the coming year(s) (e.g., to identify workforce needs).

d. FVC have established several programmes to develop the attractiveness of careers in health and social care:

- i. pre-employment programme for young people,
- ii. s3 school pupil learner pathways,
- iii. an Entry level Care Workforce programme,
- iv. Skills Boost, short online courses to support school leavers/career changers progress to careers in health and social care,
- v. an Access to Nursing programme,
- vi. support mechanisms improving the transition from FVC to UoS Nursing degrees,
- vii. exploring the possibility of a Fast Track to Nursing programme.

3. Education and Skills

a. We have created an Honorary Clinical pathway for senior practitioners and/or researchers to have stronger affiliation to the University of Stirling e.g., Honorary Clinical Professor). The first nominations will be considered at Academic Council in Nov 2023.

b. Our long-term aim is to create an infrastructure, such as QI and People Academy, and human resources plan to provide flexibility in educational provision according to workforce needs across the organisations. As part of the first developments of this ambition, we have shared mental health training for staff, and research skills training (mentioned above).

c. We shared best practice in leadership and management of people. For example, we have developed a mentorship scheme for NHS and Health and Social Care Partnership employees. We ensure that senior nursing representation is on all senior nursing committees/groups/recruitment process for very senior posts across FVC and UoS.

d. We work collaboratively to ensure our graduates are attracted, and retained, within the region, for example, we have earlier recruitment cycles for BSc Nursing graduates to NHS Forth Valley.

Priorities for the coming year 2023/2024

As with all partnerships, priority setting comes through several stakeholder meetings and needs to be agreed across the organisations. The three proposed priority areas for the coming year are:

1. Evaluation of the first year of work.
2. Development of new programmes within the region that will address the health and social care workforce issues.
3. Share at least one other leadership and management practice/education across the three organisations.

networks and ambition of three anchor organisations in the Forth Valley area – NHS Forth Valley, Forth Valley College and the University of Stirling – under a single, unique brand. This partnership will deliver transformational change, opportunity and improved health outcomes for the communities of Forth Valley and beyond through its delivery of world-class research and education, while driving innovation through skills development, career opportunities and excellence in health and social care.

The partnership will collaborate on problem solving societal challenges that are facing our local communities in a solution focussed manner, where we will work together to develop new approaches.

This regional partnership is the first of its kind within UK health and social care and our collaborative approach will ensure that we continually evolve and build capacity to meet the changing needs of our communities.

1. Aims

The regional partnership aims to:

- Increase value and impact of world-leading research and innovation grants and outputs that lead to improvement in the health of our communities
- Optimising the application of research and evidence thus improving organisational effectiveness, health and societal outcomes
- Create world-class clinical, health, health improvement and social care education and skills
- Establish learning and skills pathways that support progression to higher education and employment.
- Develop career pathways and progression opportunities for people working in health, health improvement and social care across the region.
- Be the employers of choice within the region
- Work together to promote Health, Health Improvement and Social Care workforce development across Forth Valley and improve the health of our communities.

2. Key Outcomes

The Partnership will work collaboratively to achieve these aims by demonstrating outcomes in three key areas: Research and Innovation, Education and Skills, Workforce Development and Career Pathways.

Research and Innovation

- At least 75% of all health research will be carried out with at least one other Party
- Research will have necessary ethical and governance approval of each Party involved
- Evolve triple helix innovation collaborations
- Develop Clinical Research Facility and Innovation Test Bed use
- Increase research and innovation capacity and capabilities
- Strengthen infrastructure to evaluate impact of our research and innovation on health, wellbeing and economic outcomes
- Disseminate new examples of world-class research and innovation that has clinical/health/societal impact to the region and wider as appropriate

Education and Skills

- Course pathways from FVC to UoS will have supported transitions and articulation agreements.
- FVC will develop skills specific programmes with its senior phase school partners

to provide quality access to further and higher education

- NHS FV Workforce forecasting and requirements to inform FVC and UoS Course reviews.
- NHS Forth Valley workforce to benefit from further and higher education opportunities provided by partnership.
- NHS Forth Valley will work with FVC and UoS to provide work related experiences to students.
- NHS Forth Valley to work with FVC and UoS in review of learning pathways to improve work readiness of graduates at all levels.

Workforce Development and Career Pathways

- Course pathways in further and higher education will have clear employment exit points to a career in NHS Forth Valley.
- Partners will jointly promote work opportunities to underrepresented minorities with NHS Forth Valley e.g. 16-25 age group, single parents, deprivation areas and care experienced individuals.
- Partners will work jointly to provide skills development opportunities to health and social care workers across Forth Valley.
- Partners will work together to share and implement staff health and wellbeing initiatives.
- Workforce retention will be better than the national average in NHS, further

education and Higher Education sectors 11

- Health and Social Care workforce skills and career opportunities will be better than the national average within the region
- Leadership and transformational change capacity and capability will be a priority for the partnership in all levels of the organisations

.

3. How will the aims and outcomes be achieved?

Research and Innovation

The University, College and NHS Forth Valley will have a strong partnership in research by:

- Joint working on research governance • Working collaboratively to develop a joint mission-oriented research strategy linking to both organisations' priorities
- Developing researchers, including clinical academics, across both organisations to produce world-leading impactful research that is significant and rigorous
- Strengthening and redefine our research culture and infrastructure post-REF2021 • Being able to articulate the research contribution to the region and society

Education and Skills

The University, College and NHS Forth Valley will be able to demonstrate high-quality education and skills development by:

- Working in close partnership to design and evaluate curriculum, learning pathways and associated practice experiences
- Provide resources to support transitions and articulation agreements.
- Share workforce data and course performance indicators to establish evidence based interventions.
- Providing learners with appropriate resources such as assessors, equipment and facilities, virtual and physical support systems
- By appointing key senior officers responsible for UCN activity within each organisation

Workforce Development and Career Pathways

The University, College and NHS Forth Valley will be able to demonstrate career development and opportunities by:

- Creating a Quality Improvement and People Academy, including leadership development and responding to requirements for new roles.

  - Proactively work to attract applications from underrepresented minorities to work opportunities across the organisations.
  - Implement initiatives that will promote staff health and wellbeing awareness and improvement.
- Creating an infrastructure and human resources plan to provide flexibility in educational provision according to workforce needs

4. What does success look like?

- Effective progression pathways from school leavers to post graduate study and entry to employment with NHS Forth Valley. Pathways have supported transitional activities that support retention and attainment.
- Staff are confident that their employer values their health and wellbeing and support their participation in approaches that promote it.
- Workforce retention will be better than the national average in each sector for each partner.
- Health and Social Care workforce skills shortages will be better than the national average within the region
- Leadership and transformational change capacity and capability will be developed in all staff with leadership responsibility.
  - At least 75% of all University of Stirling health research will be carried out with at least one other Party.

- The UCN Operational Projects, Initiatives and Processes are valued by partners and make an evidenced based contribution to the achievement of the aims and outcomes.
- The UCH partnership establishes a benchmark for anchor organisation joint working in Scotland and makes a measurable impact on Forth Valley’s regional economy.

5. Governance

Each organisation will report through existing governance routes:

- City Region Deal Programme Board (UoS)
- Anchor Board (NHS)
- Senior Management (FVC)

Remit: Review progress of operational projects and oversee key milestones. Provide quarterly updates on progress to partner leadership team.

The governance processes will:

- Provide overall direction to the project, ensuring it remains within the specified constraints of time, budget and quality;
- Oversee the planning and implementation of University College NHS Partnership;
- Oversee the development of new opportunities for partnership working, supported by a cross-institutional working group as appropriate;
- Review progress against the implementation plan and approve / recommend any changes to the plan;
- Review the business and project risks and issues.

FORTH VALLEY NHS BOARD

TUESDAY 28 NOVEMBER 2023

Falkirk HSCP Update report

For Assurance / Information

Executive Sponsor: Patricia Cassidy, Chief Officer and Director of Falkirk HSCP

Author: Suzanne Thomson, Senior Service Manager

Executive Summary

The report provides a summary of the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to the Forth Valley NHS Board on 29 November 2022.

The report to the Board presents:

- Annual Assurance Statements provided to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum
- Internal Audit Annual Report 2022/23
- IJB Annual Audited Accounts 2022/23

- Annual Performance Report 2022/23

- the IJB Performance Monitoring Report and information on the Partnership's

performance reported within the Local Government Benchmarking Framework

- External inspection reports

- Alcohol and Drug Partnership: Progress with MAT Standards.

Recommendation

The Forth Valley NHS Board is asked to: -

- **Note** the report and progress by the HSCP in meeting its priorities in the Strategic Plan.

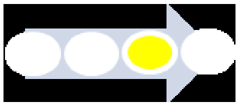
Assurance

Proposed assurance level:

Level of Assurance System Adequacy Controls

Reasonable Adequate framework of key controls Controls are applied Assurance with minor weaknesses present. frequently but with evidence

of non-compliance.



A reasonable level of assurance has been proposed on the basis that Falkirk IJB and its

Audit Committee and Clinical and Care Governance Committee has oversight and receives

regular reports at its meetings. In addition, the Internal Audit Annual Assurance Report

2022/23 is prepared and presented to the IJB Audit Committee.

Key Issues to be Considered

BACKGROUND

The Integration Joint Board (IJB) is responsible for overseeing the planning, management, and delivery of all relevant functions within the scope of health and social care integration.

This involves the delegation of functions and services by the Council and NHS Forth Valley, with services delivered through the HSCP. The Board has established an Audit Committee and a Clinical and Care Governance Committee. The Board has 6 voting members – 3 Falkirk Council Elected Members and 3 NHS Forth Valley non-executive Directors.

The IJB controls an annual budget of approximately £287m and decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2023 - 2026. The Plan describes how the Partnership will continue to make changes and improvements to health and social care services for all adults. It identifies four specific local outcomes which align with the Scottish Government National Health and Wellbeing Outcomes and the National Health and Social Care Delivery Plan.

FALKIRK IJB SCRUTINY AND MONITORING ARRANGEMENTS

The IJB is responsible for the effective monitoring and reporting on the delivery of services, relevant targets and measures. The management of performance is critical to managing the overall budget of the IJB and to provide assurance on the impact of the Strategic Plan to improve outcomes.

The Board monitors and reports on performance in a number of ways:

- Audit Committee and Clinical and Care Governance Committee are established with specific remits and responsibilities
- Annual Assurance Statements – the presentation of these statements reflects the principles of good corporate governance and contributes to the effective delivery of the IJB’s Strategic Plan. It also supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations
- Annual Performance Report
- Performance Monitoring reports are presented to each IJB meeting
- Reports on a range of subjects, including the Chief Officer report and Finance reports.

The reports presented to the IJB, and its Committees are all accessible online through the

HSCP website and Falkirk Council Committee pages.

Annual Assurance Statements 2022 - 2023

The Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum have each considered their respective Annual Assurance Statements and approved for consideration by the IJB. The Assurance Statements set out the attendance, meeting dates and business during the financial year April 2022 to March 2023. In addition, they formally provide a copy of their approved minutes to the IJB as part of its assurance processes. The Annual Assurance Statements were deferred in September and will be considered at that the meeting of the IJB in December. These will be presented to Forth Valley NHS Board within the next HSCP update report.

INTERNAL AUDIT ANNUAL REPORT 2022/23

The IJB Audit Committee received an Internal Audit Annual Report on 26 June 2023. The report provides an overall assurance on the IJB’s arrangements for risk management, governance, and control, based on Internal Audit work undertaken and reported during 2022/23.

Responsibility for leading on the provision of Internal Audit services to Falkirk IJB rotates on a three-yearly cycle between the Chief Internal Auditor of NHS Fife, Tayside, and Forth Valley NHS Internal Audit consortium and Falkirk Council’s Internal Audit Manager.

It is senior managers’ responsibility to establish and maintain effective and proportionate risk management, governance, and control arrangements. Internal Audit is not an extension of, or substitute for, operational management.

On the basis of work undertaken, Internal Audit concluded that in their opinion, reliance can be placed on the IJB’s governance arrangements and systems of internal controls for 2022/23.

In addition, they did not report any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work.
- The format and content of the Governance Statement in relation to the relevant guidance; or
- The disclosure of all relevant issues.

The report is attached at appendix 1 for information.

FALKIRK IJB 2022/23 AUDITED ANNUAL ACCOUNTS

On 15 September, the Audit Committee approved the audited accounts of Falkirk Integration Joint Board (IJB) for the year to 31 March 2023. The 2022/23 draft annual accounts were submitted to the External Auditor by 30 June, in line with timescales stipulated in the Local Authority Accounts (Scotland) Regulations 2014. Copies of the audited accounts are available on the Falkirk Health and Social Care Partnership website and hard copies are in local libraries.

The external audit annual report provides an unqualified audit opinion on the IJB’s 2022/23 financial statements. The accounts are therefore considered to provide a true and fair view of the IJB’s financial position. In addition, the report confirms there are no material uncertainties in relation to the ongoing concern status of the IJB.

In terms of the wider scope and best value areas of the audit, the report highlights a number of ongoing risks in relation to financial sustainability, longer term risk sharing arrangements/financial management and best value. Seven specific improvement recommendations are included in the report, five of which are follow up recommendations from the prior year. One of the follow up recommendations is now complete, leaving six outstanding. All six outstanding recommendations have been agreed by the Chief Officer and Chief Finance Officer and are noted below.

Area identified for improvement Current Status as per 2022/32 external audit

report

Current Year A Board Development Session was held on 25

Recommendation 1 August 2023 where the Strategic Plan, Medium

Term Financial Plan and Workforce Plan were

The Board must review service
discussed and there was a focus on the need for
delivery models to
support the a review of service delivery models to ensure

identification and achievement of financial sustainability. recurring savings to ensure financial

sustainability. Work on this area will continue to be developed

and reported through the IJB and in particular the

annual Business Case where a first draft will be

provided to the December meeting of the IJB and

a final draft in the following Committee cycle.

Implementation Date: 31 March 2024.

Current Year Assurance on governance and internal control is

Recommendation 2 received from the partner bodies throughout the

year via Annual Internal Audit Reports, Annual

The Board should ensure formal

assurances received from Assurance Statements and a review of internal controls within partners reported in the Risk partner bodies each year are
Management Performance Report. In addition,
expanded to include
assurance incorporating this assurance into the Annual over systems of internal control Assurance Letter will be considered for the and governance arrangements. 2023/24 audit onwards.

Implementation Date: 31 July 2024

Prior Year Recommendation 1 Complete.

The IJB should ensure that longer
The Medium Term Financial Plan was approved
term financial planning
is in place to in March 2023. support the delivery of the Strategic

Plan.

Prior Year Recommendation 2
There has been further progress recently with
various aspects of the updated
Integration

As part of the finalisation of the
Scheme, however the IJB accepts this needs to
updated Integration
Scheme, be concluded. the IJB should work with

Partners to ensure that In addition, a Senior Accountant was appointed in

corporate support April 2023 which has increased capacity within

arrangements remain adequate Finance, however further work is required. and fit for purpose.

Implementation date: 31 March 2024

Prior Year Recommendation 3

Audit will work with theAs part of the 2023/24 Internal Audit Plan, Internal
Chief Finance Officer to

The IJB should ensure that the Audit complete a self-assessment against the key Committee is supported to conduct a principles and recommendations from the self-assessment against good guidance and will validate and evidence the practice principles. conclusions before presentation to Audit

Committee for approval.

Area identified for improvement Current Status as per 2022/32 external audit

report

Implementation date: 31 March 2024

Prior Year Recommendation 4

An initial assessment has been carried out by the Chief Finance Officer, a

final assessment by

The IJB should conduct a self-

members of the IJB will be conducted before the assessment against the

CIPFA end of this financial year. Financial Management Code.

Implementation date: 31 March 2024

Prior Year Recommendation 5

Members of the IJB completed a self-assessment exercise at the

development session which on 25

The IJB should consider revising the

August. A report will come to the IJB meeting in self-assessment against

the November. Ministerial Strategic Group

recommendations, prepared in May Implementation date: 31 March 2024 2019.

The report presented to Audit Committee and the Audited Annual Accounts is attached at

appendix 2.

FALKIRK HSCP ANNUAL PERFORMANCE REPORT

The Falkirk HSCP Annual Performance Report 2022/23 outlines how the Partnership is working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes. This is the seventh Annual Performance Report produced and highlights achievements throughout the year. This is attached at appendix 3.

Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out below. This is to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities.

This should be presented in a way that is clear and should include:

- review of Strategic Plan
- an assessment of performance in relation to National Health and Wellbeing Outcomes, integration delivery principles, strategic planning
- financial planning and performance
- Best Value in planning and carrying out integration functions
- performance in respect to localities
- inspection of services.

The Annual Performance Report (APR) has been developed with input from colleagues across the Partnership and highlights achievements throughout the year. The APR describes the numerous service developments and redesign work being taken forward. For example, the Falkirk Collaborative team used a collaborative person-centred planning process, known as The Big Plan, to support adults with a learning disability in transition from child to adult services to plan for their future. A project proposal was presented to staff, families, and residents on the future use of Cunningham House to create a new rehabilitation care facility, offering a support option currently unavailable in the Falkirk area.

The APR illustrates the linkages across our Strategic Plan priorities to the nine Scottish Government National Health and Wellbeing Outcomes and Integration Priorities.

The report is set out in clear sections to allow for easier navigation to key areas of interest for the reader. We now have dedicated sections focusing on communication and engagement, technology, and workforce, which are the three cross-cutting workstreams as outlined in our new Strategic Plan. We also have a new equalities section to show the progress we are making towards the Equality Outcomes.

The IJB fulfils its responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of 23 national integration indicators. This enables us to understand how well our services are meeting the needs of the people who use them.

Our performance for 2022 - 2023 is set out in the ‘Performance at a Glance’ on page 120, with more detailed tables available on pages 122 – 123 of the Annual Performance Report.

As a key part of the monitoring arrangements for the Partnership, the Annual Performance Report will be presented to Falkirk Council.

IJB PERFORMANCE MONITORING REPORT

The IJB Performance Monitoring Report presented to the Board on 29 September 2023 is attached at appendix 4 for information. This report is a standing item at Board meetings. The content of the Performance Monitoring report covers the reporting period June 2022 – June 2023. It focuses on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance.

The report draws on a basic balanced scorecard approach designed to provide a comprehensive ‘at a glance’ view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting, with measures displaying a deteriorating position against the last comparable reporting timeframe

or where there are particular areas of challenge.

Section 1 provides a summary of key performance issues for the Integration Joint Board,

with an extract provided below:

ED Performance against the 4 Hour Access Standard The June 2023 compliance for the Falkirk Partnership highlights an increase in performance to 61.3% compared with 57.6% in June 2022.

Delayed Discharge

The Falkirk partnership breakdown at the June 2023 census is noted as:

- 28 Standard delays, 18 are delayed over 2 weeks
- 24 guardianship/code 9 exemptions
- 52 total delays.

Complaints – Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale has increased to 70% in the first quarter of 2023/24, compared to 67% through 2022/23.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

Complaints – NHS Forth Valley

In the period April 2023 to June 2023, a total of 12 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 41.7%.

Attendance management – Social Work Adult Services

The overall sickness absence figure for the first quarter of 2023/24 was 10.6%, compared to 11.7% for the same period in the previous year, a decrease of 1.1 percentage points.

Attendance management - NHS Forth Valley

The overall June 2023 sickness absence position is reported as 6.44% with the 12-month rolling position noted as 7.40%.

Psychological Therapies

In June 2023, 74.9% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 72.7% and an increase from 64.3% in June 2022.

Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.

Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

Section 4 provides an overview of the Falkirk Health and Social Care Partnership performance against the national core suite of integration indicators. These will be reported in the Annual Performance Report.

Local Government Benchmarking Framework 2021/22

The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service, which is designed to support senior management teams and Elected Members to improve key Council services.

A HSCP briefing note at Appendix 5 provides an analysis of the eight performance

indicators. This provides a contextual understanding of how Falkirk compares alongside the

LGBF ‘family grouping’ of the following authorities: Clackmannanshire, Dumfries & Galloway,

Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

EXTERNAL INSPECTION REPORTS

Clinical and Care Governance Committee received an update on recent external inspections

on our services at its meetings in June and September 2023. There have been six Care

Inspectorate inspection reports and action plans are monitored by the relevant senior

managers. The following table provides links to the full published reports:

Publication Inspection Inspection Date Date 17/01/23 Mobile Emergency Care Service (MECS) 12, 13, 16 and 17 January Housing Support Service 09/02/23 Joint Dementia Initiative Housing Support 6, 7 and 9/02/23 Service 09/06/23 NHS Forth Valley Community Residential 7, 8 and 9/06/23 Resources Housing Support Service 01/06/23 Dorrator Court 01/06/23 14/07/23 Cunningham House 11/07/23 21/07/23 Burnbrae House 19/07/23

In relation to the Care Inspectorate reports, the inspection considered relevant quality

indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is

excellent. The findings of the inspections are summarised below:

Facility Quality Indicator Grade

MECS How well do we support people's wellbeing? 4 – Good

How good is our leadership? 4 – Good

Initiative
How well do we support people's wellbeing? Joint 5 – Very Good
H Dementia
o

w good is our leadership?5 – Very Good

Residential How well do we support people's wellbeing? 6 - Excellent Community

Support Service How good is our leadership? 6 - Excellent Resources Housing

Dorrator Court How well do we support people's wellbeing? 5 – Very Good

How good is our leadership?5 – Very Good

How good is our staff team?5 – Very Good

Cunningham House How well do we support people's wellbeing? 5 – Very Good Care Home

How good is our leadership?5 – Very Good

How well is our care and support planned? 4 – Good

Burnbrae House Care How well do we support people's wellbeing?
5 – Very Good
Home How good is our leadership? 4 – Good

How good is our staff team?5 – Very Good

How good is our setting?5 – Very Good

How well is our care and support planned? 4 – Good

Sunday Times Care Home League Table

Falkirk has been named as the best place to grow old in Scotland if you need residential

care, following analysis of Care Inspectorate reports by the Sunday Times Care Home

League Table.

Collating inspection reports from the past 18 months, the Sunday Times found that homes

for older people in Falkirk scored an average 4.35 out of 6 in all categories reviewed by the

care watchdog - higher than any other council area.

Almost all local adult care homes were inspected within the last financial year, 2022-23, and 79.5% of homes in the area were graded good or better, compared to a national average of 75.2%. The Partnership welcomed the positive findings and recognition of the hard work of integrated teams across the area. The news received coverage in the Times, Herald, and Falkirk Herald.

ALCOHOL AND DRUG PARTNERSHIP: PROGRESS WITH MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

The IJB received a report on progress made by the Falkirk Alcohol & Drug Partnership (ADP) during the past year at its September 2023 meeting.

Alcohol & Drug Partnerships (ADPs) were established in 2009 and are responsible for:

- Strategic planning and commissioning, contract monitoring of drug and alcohol treatment and support services in each local authority area
- Developing strategies for tackling, reducing, and preventing problem or harmful drug and alcohol use across the whole population

- Applying a whole systems approach to deliver sustainable change for the health and wellbeing of the population.

In 2019, a new partnership delivery framework to support the work of ADPs was published by Scottish Government to strengthen the existing partnerships between Health Boards, Local Authorities, Police and Third Sector agencies. This, along with the national strategies, Rights, Respect and Recovery and the Alcohol Framework refresh, and local strategies such as the Falkirk Plan underpin the work of the ADP to reduce drug and alcohol related harms.

The Scottish Government published the Drug Deaths Taskforce's recommendations for the MAT Standards in May 2021. The Standards are intended to help reduce drug related deaths, and other harms and to promote recovery. The Standards were developed through extensive consultation with multiagency partners that deliver care, and with the individuals, families, and communities with lived experience of substance use.

Work to implement the MAT Standards across Forth Valley is ongoing. Falkirk ADP and Clackmannanshire & Stirling ADP jointly submitted a report to MIST (MAT Implementation

Support Team) in April 2023 on the work to date. This was accompanied by a range of data

collected from systems and people with lived experience to evidence the MAT work to date.

As Falkirk ADP and Clackmannanshire and Stirling ADP have a history of working closely

together, progress is reported jointly in the national benchmarking report:

ADP areas were assessed against the 10 MAT standards using three streams of evidence:

process, numerical and experiential. The evidence submitted for each standard was

analysed and scored by MAT Implementation Support Team (MIST). The RAGB score

status for each of the 10 standards, with a comparison position from 2022 to 2023 is

summarised in the table below:

RAGRAG

MAT Standard Status Status

MAT 4 All people are offered evidence-based harm Provisional Amber reduction at the point of MAT delivery. Amber MAT 5 All people will receive support to remain in Amber Amber treatment for as long as requested. MAT 6 The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions N/A Amber (tier 2); and supports individuals to grow social networks. MAT 7 All people have the option of MAT shared with N/A Amber Primary Care. MAT 8 All people have access to independent advocacy Provisional and support for housing, welfare and income N/A Amber needs. MAT 9 All people with co-occurring drug use and mental Provisional health difficulties can receive mental health care N/A Amber at the point of MAT delivery. MAT 10 All people receive trauma informed care. MAT 2 All people are supported to make an informed Provisional choice on what medication to use for MAT and Amber Green the appropriate dose. MAT 3 All people at high risk of drug-related harm are proactively identified and offered support to Amber Amber commence or continue MAT. MAT 1 All people accessing services have the option to Red Amber start MAT from the same day of presentation. **2022** **2023**

N/AProvisional Amber

The Board is asked to note that the above table reflects the Scottish Government

assessment of local progress as at April 2023. Since then, progress continues to be made.

In October 2023, the Minister for Drugs and Alcohol Policy notified the Chief Officers and

Forth Valley MAT leads of changes to reporting requirements. This will move from quarterly to monthly reporting and reflects the progress required to implement the standards locally. It was noted the considerable work done to date and acknowledgment of the challenges to progress elements of this work.

Falkirk ADP submitted the first monthly report on 7 November which included a self-assessment of progress. This self-assessment reported the ADP was on track to achieve actions/ deliverables – a green status - for 9 of the MAT Standards (1, 2, 4, 5, 6, 7, 8 and 9).

It was reported there were some delays to progress, but remedial action will enable delivery – amber status - for MAT Standard 3.

The implementation of the MAT Standards requires significant changes in the system of care for substance use services and the two ADPs are working closely with third sector, NHS partners and MIST to ensure compliance.

CONCLUSION

This report summarises the HSCP performance information covering a range of key areas of service activity. This is within a context of the pandemic, growing demand, an ageing population, people living with more complex health conditions, recruitment and retention challenges and financial constraints.

Implications

Financial Implications

There are no financial implications as this is a progress report.

Workforce Implications

There are no workforce implications as this is a progress report. Falkirk HSCP Workforce Plan 2022 – 2025 is in place.

Infrastructure Implications including Digital

There are no infrastructure implications as this is a progress report. However, there are potential implications from ageing assets and the opportunity to use digital health and care solutions for the workforce, service users and carers.

Sustainability Implications

The IJB has a responsibility to produce an annual Climate Change report under the Climate Change (Scotland) Act 2009. Falkirk IJB has no responsibility for staff, and limited planning responsibility for buildings and fleet vehicles. These are responsibilities of NHS Forth Valley and Falkirk Council. The IJB is responsible for making strategic planning decisions about service change, service redesign and investment and disinvestment and will need to consider going forward the implications of net zero on delegated services.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. (please tick relevant box)

☐ Yes

X N/A

Quality / Patient Care Implications

Falkirk IJB has an established Clinical and Care Governance Committee and HSCP CCG

Management Group. The CGC MG was established to strengthen our assurance around

clinical and care governance and work is ongoing to continue to improve the overall assurance

processes in this area through the ongoing development of the Management Group.

Information Governance Implications

There are no implications for Information Governance as this is a progress report.

Risk Assessment / Management

The IJB Strategic Risk Register is considered by the Falkirk IJB Audit Committee and the IJB.

Relevance to Strategic Priorities

The Strategic Plan is aligned with relevant national and NHS FV plans, and its implementation

will positively impact on the progress of these wider plans.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and

compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

☒ Paper is not relevant to Equality and Diversity as this is a progress report.

Communication, involvement, engagement and consultation This is a progress report to the Board. The HSCP Senior Leadership Team, senior leaders and colleagues across the HSCP, including Clackmannanshire and Stirling HSCP, NHS Forth Valley and Falkirk Council work together to implement the Strategic Plan.

Additional Information

None.

Appendices

Appendix 1: Internal Audit Annual Report 2022/23

Appendix 2: Falkirk IJB 2022/23 Annual Audited Accounts

Appendix 3: HSCP Annual Performance Report 2022/23

Appendix 4: IJB Performance Monitoring Report September 2023

Appendix 5: Local Government Benchmarking Framework 2021/22

Agenda Item: 5

Falkirk Integration Joint Board

26 June 2023

Internal Audit Annual Report 2022/23

For Noting

1. Executive Summary

1.1 The purpose of this report is to present the 2022/23 Annual Internal Audit Report to the Audit Committee. This report provides an overall assurance on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken.

1.2 Management responses have been agreed for six of the seven action points. As a priority, a management response to action point 5 – Workforce, will be agreed with the Head of Integration with responsibility for workforce and a final version of the internal audit Annual Report 2022/23 will then be reissued to members.

2. Recommendations

The Audit Committee is asked to:

2.1 Note this report in the context of evaluating the internal control environment for 2022/23 and consider any actions to be taken on the issues reported for consideration.

2.2 Note the internal audit recommendations and management responses documented within the report.

2.3 Note that a management response to action point 5 – Workforce, will be agreed as a priority.

3. Background

3.1 The Falkirk IJB 2022/23 Annual Internal Audit Report 2022/23 is at Appendix 1. This report provides the IJB Audit Committee with an independent view of the overall adequacy and effectiveness of the framework of governance, risk management, and control, within the IJB. In turn this informs the compilation of the IJB's draft Annual Governance Statement

4. Internal Audit Opinion

4.1

The main conclusions made by Falkirk IJB's Chief Internal Auditor are as follows:

- As Chief Internal Auditor, this Annual Internal Audit Report to the IJB Audit Committee provides my opinion on the IJB's internal control framework for the financial year 2022/23.

- Based on the work undertaken, I have concluded that:

  - **Reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2022/23.**

- In addition, I have not advised management of any concerns around the following:

  - **Consistency of the Governance Statement with information that we are aware of from our work;**
  - **The format and content of the Governance Statement in relation to the relevant guidance;**
  - **The disclosure of all relevant issues.**

5. Conclusions

5.1 The IJB Audit Committee is asked to note the evaluations of the internal

control environment

Resource Implications

There are no resource implications arising from the recommendations in this report.

Impact on IJB Outcomes and Priorities

Adequate and effective governance arrangements, including risk management and internal control, are necessary to deliver the outcomes and priorities of the IJB.

Directions

There is no need for a new or amended Direction as a result of the recommendations in this report.

Legal & Risk Implications

Internal Audit Strategic and Annual Plans help to ensure that the Integration Joint Board complies with the Local Authority Accounts (Scotland) Regulations 2014. The plans are aligned with the Integration Joint Board's Strategic Risk Register. The delivery of an Internal Audit service in itself helps address risk HSC002 in the Strategic Risk Register: Governance Arrangements

Consultation

All Internal Audit reports are circulated in draft and reviewed by management prior to final publication.

Equalities Assessment

EPIA Reference: 00481

An initial EPIA has been completed. This report provides an overall assurance on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken. The report asks the Committee to note the action points.

The Committee are not being asked to make a decision which will impact on people. Therefore, a full EPIA is not required.

Should any changes be made to the policies, procedures or services detailed within the report, a full EPIA may be required.

This initial EPIA will be kept under review.

6. Report Author

6.1 Tony Gaskin, Chief Internal Auditor

7. Appendices

Appendix 1: Annual Internal Audit Report 2022/23

Appendix 1

FTF Internal Audit Service

Falkirk IJB Internal Audit Service

Annual Internal Audit Report

2022/2023

Issued To: P Cassidy, Chief Officer

S Kirkwood, Chief Finance Officer

Integration Joint Board

Integration Joint Board Audit Committee

External Audit

Contents

Section **Page**

Section 1 Introduction and Opinion 2
Section 2 Issues and Actions 11
Section 3 Definitions of Recommendation Priorities 35
Appendix 1 Audit Follow Up Actions 36
Appendix 2 Committee Assurance Principles 43

Draft Report Issued 26 May 2023 Management Responses Received 6 June 2023 Target Audit Committee Date 26 June 2023 **Final Report Issued 13 June 2023**

Section 1 Introduction and Opinion

INTRODUCTION

1. The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.

2. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

3. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:

> i*) Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:*

(a) facilitates the effective exercise of the authority's functions; and

(b) includes arrangements for the management of risk.

ii) Conduct a review at least once in each financial year of the effectiveness of its internal control.

4.
The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.

5.
This review examined the framework in place during the financial year 2022/2023 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:

- *Corporate Governance*
- *Clinical Governance*
- *Staff Governance*
- *Financial Governance*
- *Information Governance*

6.
The results from this work reported within this 2022/23 Annual Internal Audit Report should inform the IJB's judgment on the Governance Statement.

NHS Forth Valley Escalation - Integration

7.
As part of NHS Forth Valley’s escalation to level 4 and in response to concerns in relation to the completion of integration of health and social care in addition to a range of performance related issues, notably in GP and Primary Care Out of Hours service, unscheduled care and mental health, a review of Health & Social Care Assessment, Support & Improvement has been commissioned.

8.
This review will assess the integration arrangements in Forth Valley with a particular focus on implementation of the Public Bodies Act 2014 as per the approved Integration Schemes and will include an assessment of the Ministerial Steering Group (MSG)

integration principles. The review, building on previous IJB baselines, will identify areas of strength, weakness and future opportunities to enhance collaborative working in health and care, and the wider public sector. Following conclusion an improvement action plan will be developed. In our opinion this should be seen as an opportunity to reset Falkirk IJB governance arrangements, also taking into account the findings of this Annual Internal Audit Report 2022/23 which should also be shared with the external review team in order to inform their work.

9. FTF Internal Audit last completed a full annual review of the IJB governance arrangements in 2018/19. Subsequent Annual Internal Audit Reports were provided in summary format and consequently did not include detailed findings or new recommendations out with those reported in separate internal audit reviews. These annual reports did not overtly follow-up previous recommendations, therefore we have reviewed them within this report.

10. The current position with action to address the eight recommendations is at Appendix 1.

Of the eight recommendations:

- Three actions are complete:
  - Two actions have been closed off through presentation of the Governance Statement Improvement Actions paper to each Audit Committee meeting. In this report we have recommended enhancements to reporting of improvement actions to ensure all required actions are reported with no gaps, and to ensure the IJB Board is aware of required governance improvements.

- The IJB continues to ensure that actions in relation to mitigating financial risks are

  reflected in financial reporting with the continued aim of achieving financial balance.

- Three actions are partially completed:

  - Clearly defined and agreed governance arrangements between the IJB and its partner

    organisations – Standing Orders and Delegation arrangements are in place, albeit the Scheme of Delegation will require an update when the revised Integration Scheme has been agreed. While there is an extant Integration Scheme, this is being updated and due diligence work relating to transfer of services to the Partnership remains ongoing.

  - Annual reports – the Audit Committee Annual Assurance Statement 2022/23

    concluded that *'Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Annual Assurance Statement concludes that the Audit Committee has effectively discharged its duties during 2022/23'*. This annual report will be considered by the Audit Committee on 16 June 2023 for approval, prior to submission to the IJB Board in September 2023. We have been informed that the Clinical and Care Governance Committee (CCGC) Annual Assurance Statement 2022/23 has been drafted and will be considered for approval at the 23 June 2023 IJB Board meeting. Therefore, final, approved Assurance Statements for 2022/23 were not available to inform the draft Governance Statement.

  - The Integrated Workforce Plan was approved by the IJB Board in September 2022 and while a specific Workforce Plan progress report has not been reported to the IJB Board, some staffing updates have been provided through the Chief Officer's reports. The Workforce Plan is a key mitigation to the serious workforce risks facing all delegated services and is listed as a key control to mitigate the Capacity and Infrastructure strategic risk.

- Two actions have not been completed:
  - In response to internal audit report FK07-17 Clinical Care & Professional Governance,

the Clinical and Care Governance Framework was updated to cover the requirements of section 5 of the Integration Scheme and presented to the IJB Board in April 2018. The Annual Internal Audit Report 2018/19 recommended that *'The CCGC should receive a formal update on the completion of actions within report FK07/17 and an assessment of the effectiveness and impact of their implementation'*, and it was agreed this would be presented to the August 2019 CCGC. There is no evidence of this and at the August 2022 CCGC meeting a review of the Clinical and Care Governance Framework was agreed, noting that review work had been put on hold pending the publication of national guidance.

- The original recommendation was that consideration should be given to ensuring

appropriate reporting of information governance and staffing issues. With the exception of the Information Governance Annual Report, there is no reporting on information governance or workforce planning from the partners. This recommendation is reiterated in this report.

11. The main themes from the Annual Internal Audit Report 2018/19 are detailed below,

alongside the current position which shows that, overall, progress to date was limited until very recently:

2018/19 Theme Current position

Integrated management structures and the The transfer of functions and budgets in need to clarify arrangements with partner

line with the Public Bodies (Joint Working)

bodies. In particular the

transfer of (Scotland) Act 2014 and the Integration operational

management of NHS services Scheme has recently been completed.
and further clarification of clinical and care
However, due diligence processes are still
governance assurance
reporting. underway and a request has been made

for support from Scottish Government as

part of their contribution to the NHS Forth

Valley escalation plan.

 Provision of required assurances on Performance Monitoring reports,

service delivery, performance, risk
Strategic Risk Management reports
management and governance.
and IJB Governance Reports are
presented to the IJB.

 Linkage of committee remits to The Strategic Plan 2023 – 2026 was

strategic priorities with a structured
finalised on 31 March 2023. Linkages
work programme.
should now be developed to detailed
implementation plans.

 To deliver substantial transformation Standing Orders are in place. However,

and build on local examples of service
these are very high level and describe
redesign, the need for clear
how business will be conducted, but governance arrangements
that support do not include the Terms of Reference

the IJB's capacity to deliver change and its ability to provide strong directions to its partner bodies.

of the IJB Board and Committees. The Integration Scheme is to be updated.

The need for relationships and structures with partner organisations to quickly mature to allow the IJB to enact wider

Health and Social Care Integration was one of the performance related concerns highlighted in the Level 4 Escalation letter scale change, including stronger evidence of partnership working and integration of services.

issued to NHS Forth Valley by the Director General of Health & Social Care and CEO of NHS Scotland.

NHS Forth Valley, in conjunction with partner organisations, subsequently developed an Escalation Improvement Plan which set out a number of actions to progress the integration of health and social care services, including the now complete transfer of services, staff budget management responsibilities to the HSCPs.

A decision making matrix has been developed to provide a governance framework across the NHS Board and IJBs, aligned to the Scheme of Delegation.

A shared narrative for integration has been agreed through the established NHS CEO monthly Local Authority Chief Executive and Chief Officer Group and was endorsed at the Chief Officers and Local Authority/NHS Chief Executives group on 22 February 2023.

An external review of Health & Social Care Assessment, Support & Improvement will be undertaken as part of the NHS Forth Valley Escalation Improvement Plan work.

The need for immediate governance as crystallised through the publication of the Ministerial Strategic Group (MSG) for Health and Community Care *'Review of Progress with Integration of Health and Social Care, Final Report, February 2019'*.

The report 'Falkirk IJB self-evaluation: MSG improvements, review of progress with integration' was noted by the IJB Board on 7 June 2019. Of the 25 requirements, 15 were partially established, 3 were not yet established, 3 were not for local establishment and 4 were established.

The MSG improvement plan was submitted to the IJB Board on 6 September 2019.

No further updates have been provided to the IJB.

Review of MSG recommendations will be undertaken as part of the external review of Health & Social Care Assessment, Support & Improvement.

The Governance Statement improvement actions report to the 23 March 2023 Audit Committee stated that '*A refresh of the MSG self-assessment is actively being considered following recent NHS Forth*

Valley Escalation Board discussions. This

may not be deliverable by June 2023'.

The vital requirement to progress Governance improvements are monitored implementation of actions arising from the by the Audit Committee through the MSG report, and to monitor previously Governance Statement Improvement agreed governance actions. Failure to Actions report. There has been no make progress with the areas identified reporting to the IJB Board on MSG actions within the MSG report would seriously since September 2019, although a refresh hamper the IJB's ability to develop and

of the self-assessment is being considered.

cement governance
arrangements to

deliver integrated services.

The Governance Statement should fully The Governance Statement is accurate and convey the scale of the challenges facing

progress on known areas for improvement

the IJB.

is included. Agreed recommendations

from this report will feature in the

Governance Improvement Actions paper

presented to Audit Committee.

12. The themes identified in the Annual Internal Audit Report 2018/19 remain pertinent and

further action is required to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance and improve Falkirk IJB's ability to monitor the achievement of operational and strategic objectives, including those necessary to enhance the sustainability of services.

13. The external environment has become even more challenging since the Annual Internal Audit Report 2018/19 was issued, particularly in terms of finance and workforce risks. The external review of Health & Social Care Assessment, Support & Improvement provides an opportunity to revisit the MSG recommendations and other previous recommendations from internal and external reports in the light of current circumstances.

14. Considerable work has been completed to ensure the Governance Statement Improvement Actions report presented to Audit Committee is comprehensive and current. Outstanding actions have been grouped together under specific headings and any repetition has been removed to ensure focus on key, current requirements. In addition, a RAG rating was specifically included to highlight slippage in timescales. We have recommended some further enhancements and while the Audit Committee should continue to monitor progress, any key exceptions or areas of non-achievement should be escalated to the IJB Board for action.

15. The 2021/22 Governance Statement summarised progress against a number of areas requiring improvement with several outstanding at year end. Progress with each of these is detailed below:

- Completion of the transfer of planning and operational management responsibility for all outstanding healthcare services - Transfer complete and due diligence exercise to be undertaken.

- Implementation of statutory guidance regarding set aside services in collaboration with NHS Forth Valley and Clackmannanshire and Stirling IJB – In common with other IJBs, not yet complete.

- Implementation of the CIPFA Financial Management code - Included in 2022/23 draft Governance Statement and in progress.

- Review of Directions (following Internal Audit recommendation) - To be completed pending outcomes of external review of integration.

- The IJB must ensure that key areas of performance are prioritised to deliver constituent improvement and pace. In addition, Partners must agree support service arrangements to provide additional resource and capacity for the IJB to deliver the Strategic Plan - To be covered by review of Integration Scheme.

- Board members need to be clear about their corporate responsibilities to the IJB, and demonstrate the leadership needed to deliver the necessary change and make key decisions about the future shape of services - The induction pack for members includes a section on the Code of Conduct and expected behaviours, which have also been the subject of members' development sessions, including focus on the Strategic Commissioning Plan, and allow engagement on relevant current matters. Officers meet regularly with the Chair and Vice Chair to discuss current live issues.

- Falkirk IJB and partner bodies should take further steps to allow for full integration, in line with the expectation of the MSG and Audit Scotland. The MSG draft improvement plan should be finalised and follow up reports presented to the Board on a regular basis to allow for appropriate governance overview regarding integration - To be included in the external review of integration.

- The IJB should ensure that risk sharing is embedded into the integration scheme which is due to be formally reviewed by November 2020. This will allow for longer-term financial management - To be included in review of Integration Scheme.

- The IJB should conduct a self-assessment against Best Value guidance to allow it to demonstrate to the Board key requirements are in place. Results can be considered in conjunction with the MSG integration improvement plan to further embed integration with the partnership - Still to be completed.

16. The 2022/23 draft Governance Statement confirmed that *'on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting on achievement of the IJBs principal objectives will be identified and actions taken to avoid or mitigate their impact'* and included the following actions to be progressed:

    - Progress with Integration Scheme / MSG Self-Assessment
    - Implementation of the CIPFA Financial Management code
    - Audit Committee self-assessment against good practice principles
    - Other Internal & External Audit Reviews

17. The Emerging Governance Issues section also referenced planned Due diligence work

following transfer of services to the IJB and Scottish Government staffing support as a result of NHS Forth Valley being escalated to level 4 due to a number of concerns including integration.

18. The new IJB Risk Management Strategy was approved in November 2022 and further

amendments will be required to the strategy once appetite and tolerance statements are agreed. In line with recommendations from internal audit F02/21 – Risk Management, the next stage will be to ensure that comprehensive assurance processes over risks, including controls and actions operated and implemented by partner bodies are in place, and we would recommend consideration of relevant aspects of the FTF Committee Assurance Principles and risk questions, at Appendix 2.

Audit process

19. FTF Internal Audit last produced a full Annual Internal Audit Report for the 2018/19 year

and this 2022/23 Annual Internal Audit Report is based on our review of IJB Board and Committee papers from the 2022/23 year and on completion of a self-assessment checklist to inform our assessment of the internal control framework.

20. The checklist was based on requirements of the Integration Scheme, guidance issued by

the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities.

21. Internal Audit validated the assessments reached through discussion with management

and examination of the supporting evidence and documentation.

22. For factual accuracy purposes this report has been shared with the Falkirk Council

Internal Audit, Risk, and Corporate Fraud Manager, who has fulfilled the Falkirk IJB Chief Internal Auditor role for the last three years.

23. The Falkirk IJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other. The draft NHS Forth Valley Governance Statement concludes that ‘*During the previous financial year, no significant control weaknesses or issues have arisen, and no significant failures have arisen in the expected standards for good governance, risk management and control. Attention is, however, drawn to the key risks reported to Forth Valley NHS Board during 2022/23 and in particular to the Treatment Time Guarantee underpinned by statute.’* The Health and Social Care Partnerships section of the NHS Forth Valley Governance Statement noted:

- Partnership working has been critical in responding effectively to the Covid19 pandemic and the recent pressures felt within health and social care. Work continues to further develop opportunities for service improvement and to maximise benefits of integration.

- As part of our Escalation Improvement Plan, a review of the Integration Schemes will be undertaken and supported by an external facilitator. This review will assess the integration arrangements in Forth Valley with a particular focus on the NHS Board and implementation of the Public Bodies Act 2014 as per the approved Integration Schemes and will include an assessment of the Ministerial Steering Group (MSG) integration principles. The review, building on previous IJB baselines, will identify areas of strength, weakness and future opportunities to enhance collaborative working in health and care, and the wider public sector. Following conclusion an improvement action plan will be developed.

Limitation of Scope

24. At the time of writing the Falkirk Council Governance Statement was not available for internal audit review.

OPINION

25. As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2022/23.

26. Based on the work undertaken and the information available to me, I have concluded that:

- **Reliance can be placed on the IJB’s governance arrangements and systems of internal controls for 2022/23.**

27. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work;**
- **The format and content of the Governance Statement in relation to the relevant guidance;**
- **The disclosure of all relevant issues.**

ACTION

28. The IJB is asked to note this report in evaluating the internal control environment for 2022/23 and consider any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

29. The IJB approved the appointment of Fife, Tayside and Forth Valley Internal Audit (FTF) and Falkirk Council Internal Audit Service, as the IJB Internal Auditors on 5 February 2016. Both FTF and Falkirk Council Internal Audit Service provide resources under the terms of the joint working arrangements. From 2022/23 the Chief Internal Auditor role is provided by FTF Internal Audit, and for 2022/23, FTF provided all of the audit resource. The Audit Committee has approved the Internal Audit Charter, which is reviewed annually, as well as a protocol for the sharing of audit outputs between the partner organisations.

30. The most recent external quality assessment of the NHS Forth Valley Internal Audit Service in 2018/19 concluded that *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* A further EQA is due to take place in 2023/24. All actions arising from this review are now complete.

31. The 2022/23 internal audit plan was approved by the IJB Audit Committee on 23 September 2022. Audit work undertaken to inform this Annual Internal Audit Report has been sufficient to allow the Chief Internal Auditor to provide his formal opinion on the adequacy and effectiveness of internal controls.

ACKNOWLEDGEMENT

32. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to

Internal Audit throughout the year.

A GASKIN, BSc. ACA

Chief Internal Auditor

Our evaluation of the IJB's Governance Framework is summarised below:

A – Corporate Governance

A1 – Key arrangements in place as at year end 2022/23 as well as planned and ongoing developments

Strategy

1\.
The Falkirk IJB Board approved the Falkirk Health & Social Care Partnership (HSCP) Strategic Plan 2023-26 and the associated high level Delivery Plan on 31 March 2023. The cover paper stated that *'The aim of the plan is to ensure a more robust approach to financial planning, allowing co-ordination between service redesign and transformation and annual budgets'*. The draft Governance Statement reports that the Transformation Board will drive forward transformation programmes and projects in line with the Strategic Plan.

2\.
The actions within the high level delivery plan do align with the transformation priorities and, whilst arrangements have not yet been formalised, we would expect the IJB Board to receive regular assurance on their implementation. When the Strategic Plan 2023-26 was presented to the IJB Board in March 2023, the cover paper stated that the Strategic Planning Group would monitor implementation of the Strategic Plan.

3\.

The Strategic Planning Group (SPG) held workshops to help develop the priorities of the draft Strategic Plan. During September and October 2022 phase one of the consultation focused on the challenges faced by health and social care services in Falkirk, and existing priorities within the Strategic Plan 2019-2022. The draft Strategic Plan was published during Phase two of consultation (January - February 2023) and feedback was sought from staff, partner organisations and local communities, including a “sense check” before the publication of the Strategy.

4. Strategic Vision, Outcomes and Priorities have been agreed. A Strategic Needs Assessment was produced to provide an understanding of the health and care needs of the local population, and is published on the HSCP website.

5. As required by Public Bodies (Joint Working) Scotland Act 2014, the suite of plans to underpin and support the delivery of the Strategic Plan are:

- Workforce Plan
- Housing Contribution Statement
- Market Facilitation Plan
- Participation & Engagement Strategy
- Communication Strategy

The Medium-Term Financial Plan (MTFP) will set out the overall resources available to the Partnership and provides a financial planning framework to support delivery of the IJB Strategic Plan, balancing aims and objectives against constraints in financial resources. The plan will help to ensure that resources are directed to the delivery of IJB outcomes.

6. While the Strategic Plan clearly describes the working relationship with the Health

Board, Local Authority and other partners, it does not overtly reference the partner organisations’ strategies, for example the NHS Forth Valley Healthcare Strategy, which is still in the process of being updated.

7. Given the scale of changes to demand, operations, and availability of resources, delivery of the strategy will be fundamental to the future sustainability of services.

The IJB will need to balance the very serious risks posed by the current operational pressures with the risks to services created by the demographic and workforce pressures which threaten sustainability.

8.
Whilst the IJB will need to be cognisant of Scottish Government ambitions, its priority must be to ensure the strategy addresses the needs of the local population within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or Scottish Government expectations.

9.
Under the Carers (Scotland) Act 2016 section 31 there is a requirement for Local Authorities to consult with unpaid carers and to publish a local Carers Strategy. The IJB Board approved the Falkirk Carers Strategy 2023-26 on 31 March 2023.

Transformation

10. New Terms of Reference for the Transformation Board were approved by the Senior Leadership Team on 10 June 2022 and the Transformation Board reports to the SLT, which in turn reports to the IJB Board. The Transformation Board oversees the governance of transformation and change projects and reviews, scrutinises, prioritises and supports the development of business cases relating to transformational change.

11. The Transformation Board is chaired by the Head of Integration and meets every

month. The Transformation Board reviews project status reports and updates and makes decisions on approval of Project Initiation documents, as well as considering finance updates.

12. The Falkirk HSCP Project Management Office coaches and supports officers to use

the agreed suite of project management tools. A Transformation Priorities and Project Register is maintained, enabling prioritisation of the HSCPs Portfolio of Transformation Projects and linkage to strategic transformations, and recording the stats of projects.

Performance

13. The IJB Board approved publication of the Falkirk HSCP Annual Performance Report

2021-2022 on 2 September 2022, following an agreed delay in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020.

14. The 2022-2023 Annual Performance Report will be presented to the IJB Board in

September 2023.

15. The IJB Board received the Performance Monitoring Report for December 2021 –

December 2022 on 31 March 2023. Regular performance reports were presented to the IJB in 2022/23 and four performance reports are scheduled for 2023/24 to report quarterly on local performance indicators, with annual performance national indicators also reported in September 2023.

16. The Performance Management Framework is being updated and the final

Framework will focus on the outcomes and priorities set out in the Strategic Plan and the national health and wellbeing outcomes set nationally by the Scottish Government. The performance measures that are reported to the IJB as part of the regular performance monitoring report will be reviewed to ensure that they align with the revised Strategic Plan in accordance with the refreshed Performance Management Framework.

17. New indicators will be introduced over time, and it is envisaged that for the IJB

Board meeting in June 2023, Performance Monitoring Report indicators will be introduced on outstanding demand for packages of care, as well as post diagnostic support for dementia.

Section 2 **Issues and Actions**

18. The performance report uses a Balanced Scorecard approach, with key issues in the

March 2023 report identified as:

- December 2022 Emergency Department (ED) Performance against the 4 Hour Access Standard - decrease in performance to 47.5% compared with 61.9% in December 2021. ED access within 8 and 12 hours is not reported and we would highlight that there is a significant clinical risk associated with non-compliance with these two targets.

- December 2022 Delayed Discharge - 44 Standard delays, 23 delayed over 2 weeks, 26 guardianship/code 9 exemptions, totalling 70 total delays.

- Complaints – Falkirk Council Social Work Adult Services (first three quarters of 2022/23) - 79 (51 in previous comparable period) complaints were received with 48 (61%) 37 (76%) in previous comparable period completed within timescales.

- Complaints – NHS Forth Valley (April 2022 to December 2022), 17 complaints with an overall response rate of 82.4%.

- Attendance Management – Social Work Adult Services in first three quarters of 2022/23 - 11.1% (13.1% in the same period last year).

- Attendance Management - NHS Forth Valley - December 2022 sickness absence was 8.31%, with a 12-month rolling position of 6.76%.

- December 2022 Psychological Therapies - 77.2% of patients started treatment within 18 weeks of referral (72.1% in November 2022 and 67.9% in December 2021).

19. In addition to the performance dashboard, performance exception reports are provided. The direction of travel and comparable figures over time are reported. A combination of bar, line and other graphs are used and narrative explanations of poor performance are provided. The report provides some information on action being taken to support improvement, it does not however provide an explanation of remedial action taken and whether it is effectively mitigating the issue.

20. A Strategy map describes the measure used for each national outcome and for local, MSG and Partnership outcomes.

Governance Arrangements

21. 2021/22 Annual Assurance Statements from the Audit Committee, the Clinical and Care Governance Committee, the Joint Staff Forum and the Information Governance Annual Report 2021/22 were considered by the IJB Board on 2 September 2022. The 2022/23 Assurance Statements are scheduled for consideration by Committees in June 2023 and by the September 2023 IJB Board, meaning they will not have been considered by the IJB Board prior to drafting the Governance Statement.

22. Standing Orders were approved by the IJB Board on 18 March 2022, as part of the Governance Update report. Management have informed us that consideration will be given to updating the Standing Orders in line with the update of the Integration Scheme.

23. Declarations of Interest are a standing agenda item at IJB Board meetings and Action Logs are in use. The Code of Conduct was updated in June 2022 and the Register of Interests is available on the Falkirk HSCP website.

24. The induction pack for members includes a section on the Code of Conduct and expected behaviours, which have also been the subject of members development sessions.

25. The Scheme of Delegation was published in 2018 but has not been reviewed and

updated since. Since March 2020, IJB members have continued to agree to delegated authority to the Chief Officer to deal with urgent business, which would normally be determined by the Board. This was last agreed by the IJB Board on 31 March 2023, to be reviewed in June 2023. The rationale provided was there are significant ongoing demand pressures and uncertainty within the health and social care system which requires decisive action at pace to respond to situations. However, a temporary variation to the Scheme of Delegation should not be extended for this long without review to the underlying document and the IJB should question whether circumstances are genuinely unchanged from the height of the pandemic, and indeed, whether they are ever likely to return to pre-pandemic norms.

26. Management have informed Internal Audit that in reaching decisions, the Chief Officer actively engages with the HSCP Senior Leadership Team and the Locality Managers, and Council and NHS Forth Valley colleagues, and that this has proven to be essential and effective to respond to the frequent service issues as they arise. The IJB Chair and Vice-chair meet weekly with the Chief Officer and Chief Finance Officer. Decisions taken by the Chief Officer under delegated powers are reported to each meeting of the IJB Board.

27. Management have further informed Internal Audit that, through informal discussions, the intention is to review of the Scheme of Delegation after the Integration Scheme is revised, including the delegated authority to the Chief Officer to deal with urgent business.

28. An IJB Governance Report is presented to each meeting of the IJB Board and

provides information on items such as update of the Integration Scheme, updates to governance documentation, including Terms of Reference of Committees, appointments and membership of the IJB Board and its Committees and Board Development sessions. At action point 1 we have recommended that the Governance Improvement Actions report presented to the Audit Committee is enhanced, with issues and risks escalated to the IJB Board. The IJB Governance Report could provide the vehicle for this reporting.

Governance Statement Improvement Actions

29. Governance Statement Improvement Actions updates are reported to each meeting of the Audit Committee with the first report presented on 3 December 2021. The most recent report to Audit Committee on Governance Statement Improvement Actions was presented on 23 March 2023, and included progress on:

- The Integration Scheme / MSG Self-Assessment
- Implementation of the CIPFA Financial Management code
- Audit Committee self-assessment against good practice principles
- Other Internal & External Audit Reviews

30. The paper stated that '*There has been no progress with the refreshed self-assessment against the Ministerial Strategic Group (MSG) recommendations, prepared in May 2019*'. It does however state that *'a refresh of the MSG self-assessment is actively being considered following recent NHSFV Escalation Board discussions. This may not be deliverable by June 2023'*.

31. Considerable work has been completed to ensure the Governance Statement

Improvement Actions report reported to Audit Committee is comprehensive and current. Outstanding actions have been grouped together under specific headings and any repetition has been removed to ensure focus on key, current requirements.

In addition a RAG rating was specifically included to highlight slippage in timescales. It is not easy to identify if all recommendations from a specific report/source have been completed, nor if there has been slippage in the original timescales. The Chief Finance Officer has discussed with Internal Audit the need to include more robust reporting on follow up of internal and external recommendations, and this will be progressed in 2023/24. We have made some suggestions at Action Point 1 to further enhance the report.

32. The March 2023 report also highlighted required actions around:

☐

Implementation of the CIPFA Financial Management code has slipped due to capacity challenges. The most recent guidance on Audit Committee self-assessment is the CIPFA Position Statement Guidance issued in 2022 'CIPFA’s Position Statement: Audit Committees in Local Authorities and Police 2022'. Internal Audit has agreed to work with the CFO to complete a self assessment against the key principles and recommendations from the guidance. Internal Audit will validate and evidence the conclusions before presentation to Audit Committee for approval.

☐

The CIPFA Finance Manager Checklist includes the role of the Chief Finance Officer (CFO) and a draft checklist has been prepared but requires further review and engagement with IJB management and Board members and as such still requires to go through review and approval processes.

☐

Audit Committee self-assessment against good practice principles has not yet started but is planned within original timescales. Internal Audit will assist with completion of this action in 2023/24.

☐

Internal and external review - There has been good progress in a number of areas from internal and external review, particularly for Risk Management and the MTFP, however some timescales have slipped due to capacity challenges and awaiting actions elsewhere.

Audit Committee

33. The Audit Committee review their Terms of Reference (ToR) annually and approved

ToR on 2 December 2022, with no revisions required. The Audit Committee met on four occasions in 2022/23 and continued to receive updates at each meeting on progress with audit recommendations and governance actions.

34. The 2022/23 internal audit plan was approved by the Audit Committee on 23

September 2022. The Audit Committee did not formally approve the external audit plan for 2022/23 to be delivered in 2023/24 as it was not available for the March 2023 meeting, although a verbal update was provided, and it will be formally submitted in June 2023.

Review of Integration Scheme

35. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration

Scheme to be reviewed before the end of the 5-year period since the Scheme was approved in March 2018, which meant that a review should have been completed by end of March 2023. The Act does not require Health Boards and Local Authorities to prepare a revised Integration Scheme, however it does require them to conduct a review and then prepare a revised Scheme if desirable or necessary.

36. Stage 1 consultation took place June 2021 and work was delayed due to ongoing

system pressures. As reported to the 31 March 2023 IJB, officers met in January 2023 to progress the review of the Integration Scheme, including completion of stage 2 consultation. It was anticipated that final reports would be provided to the IJB, the Council and Health Board on the review of the Integration Scheme in June 2023, before onward submission to Scottish Ministers. However, the review of the Integration Scheme will need to include outputs from the upcoming external review of integration, so this timescale will not now be achievable.

37. The new Integration Scheme must clearly articulate operational management responsibilities, contributing to the clarification of governance and accountability arrangements; the review process should provide the opportunity to agree practical processes which would provide clarity on arrangements in areas such as Set Aside Corporate Support arrangements and Lead Partner Services. Whilst the IJB is reliant on engagement from partner bodies to further progress in these areas, the IJB should fully engage with the process to ensure momentum is maintained.

Directions

38. An internal audit of Directions was issued in May 2022 and the action plan was reported to the June 2022 Audit Committee. The report provided Limited Assurance and while it concluded that the extant Directions Policy met the requirements of statutory guidance, it had not been annually updated and there were instances of non-compliance with the policy, largely due to Covid. A key finding was that Directions related only to budgets and did not provide strategic direction to the partners.

39. The Falkirk IJB 2018/19 Annual Internal Audit Report also recommended that

Directions about how services should be delivered have clear links to strategies contained within the strategic plan, in line with the recommendations made within the MSG report.

40. The Directions Policy approved on 19 March 2021 remains extant. Management

have informed us that the Directions process remains under development and will follow the revisions to the Integration Scheme.

41. Each quarterly Finance Report presented to the IJB includes an appendix

summarising Directions including budget movement, supported by a table in each report outlining the reasons for budget movement.

42. We were pleased to note that the Committee report template requires a statement

to confirm whether a new Direction or amendment to an existing Direction is required as a result of the recommendations in the report.

43. While the Directions Policy states that *'the Strategic Planning Group will oversee*

progress in implementing the Directions.... In addition, the Strategic Planning Group will provide an annual assurance report to the IJB', there is no evidence of reporting of implementation of Directions to the IJB.

Risk Management

44. Internal audit F02/21 – Risk Management was issued in April 2022 and provided

Limited Assurance. The Action Plan was presented to the Audit Committee in June 2022.

45. The IJB approved a revised Risk Management Strategy in November 2022, to be

reviewed in November 2023. The Risk Management Strategy was redrafted to align with the NHS Forth Valley Risk Management Strategy, incorporating necessary elements from the Falkirk Council Corporate Risk Policy.

46. The cover paper highlighted amendments to be made to the strategy once appetite

and tolerance statements are agreed. Further detail on the processes for review and reporting of operational risks will be included as will detail on the mechanisms for provision of assurance to the Audit Committee and the Board.

47. It is essential that the IJB Board is provided with assurances on adequacy and effectiveness of controls to mitigate risk, the implementation of which may be the responsibility of the partners. In our opinion, this is of particular importance in relation to the Capacity and Infrastructure risk, which is fundamental to the sustainable delivery of services and where the IJB will be heavily reliant on partners for the delivery of its workforce strategy.

48. Our review of IJB Board and Committee papers highlighted that, whilst IJB Board and Committee members are keen to discuss risk, many papers lack adequate, or sometimes any, detail on the associated risks. Where narrative is provided it does not overtly link to the strategic risk or operational risks and does not overtly provide assurance on narrative, scores or the adequacy and effectiveness of key controls and actions.

49. The following recommendations from the 2020/21 internal audit of Risk Management have been incorporated into the redrafted strategy:

- Tailoring to the requirements of the IJB by providing clarity around the responsibility for operational risks;
- Definition of strategic risk (and other types of risk);
- Inclusion of assurance principles;
-

Roles and responsibilities including those of the IJB and its Audit Committee in relation to oversight of Risk Management Arrangements;

- Process for reporting and review of the Strategic Risk Register;

- Inclusion of a framework for Risk Appetite.

The strategic risk profile is reported to the IJB Board but there is currently no overt assurance on each of its strategic risks to the IJB Board. This will be addressed through the planned programme of risk deep dives.

Risk Current Target Last

score score reviewed (March

2023)

Funding and /or demographic High - 16 High - 12 Feb23 → pressures

Governance arrangements Medium - 9 Medium - 4 Jan 23 → Partnerships High - 16 Low - 3 Feb 23 → Capacity and infrastructure High - 16 High - 12 Jan 23 → Assurance High - 16 High - 12 Oct 22 → Commissioning High - 16 Medium - 9 Feb 23 → Whole Systems Transformation High - 12 Low - 3 Feb 23 → Resilience & Business Continuity High - 15 Low - 9 Feb 23 → Primary Care Sustainability High - 16 Medium - 6 Feb 23 → Non-delivery of Scottish GMS Contract High - 12 Medium - 6 Dec 22 →

All strategic risks are scored as ‘High’ with the exception of Governance arrangements, which is scored as ‘Medium’, this is lower than expected given that the Integration Scheme is still to be updated and that the IJB does not receive specific assurance on mitigation of strategic risks, including from partners. Various governance developments have not been delivered over many years; the target score of 4 will be challenging.

The other current risk scores seem to be proportionate but the target scores will be challenging to achieve in the current circumstances and there is little in the history of these risks to suggest that achievement is imminent. We recommend that in-year trajectories are introduced in addition to the longer term target risk score to allow realistic short-term targets to be set and progress to be assessed.

Best Value

50. The draft Falkirk HSCP Annual Performance Report 2021-22 was approved by the IJB

on 2 September 2022. Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services included Best Value and provided information on key features of the IJB governance framework to support best value under the headings of: Vision and Leadership; Governance and Accountability; Effective Use of Resources.

51. We recommend that the IJB completes a self assessment against the Audit Scotland

“Auditing Best Value - Integration Joint Boards” (March 2018) tool.

Communication and Engagement

52. Quarterly Communications Updates are presented to the IJB and provide ongoing

monitoring of the implementation of the Communication Strategy. The Falkirk IJB Participation and Engagement Strategy 2021-24 and the Communications Strategy 2021-24 will be reviewed during 2023-2024.

Board Development

53. In May 2022 an induction session was held for newly elected members. This was

followed by a Board Development Session on 1 July 2022 covering an overview of finances. Management have informed us that recent development sessions have been reactive to current emerging issues, reflecting the current post-covid operating environment with cost of living crisis, funding pressures, and sustainability issues. A planned development programme is something Management would wish to consider.

National Care Service

54. Chief Officer Reports to IJB Board frequently reference progress with the planned

National Care Service.

Category 1 responders/ business continuity

55. Internal audit ‘Review of IJB Resilience and Business Continuity as a Category 1

Responder – Action Plan’ was issued in September 2022. The audit provided “Limited Assurance” on the IJB’s resilience and business continuity arrangements as a category 1 responder, and outlined several key areas for improvement. As reported to the March 2023 Audit Committee, Strategic risk 8 - Resilience & Business Continuity (last reviewed on 9 February 2023) remained scored as high and review of Business Continuity Plans (BCPs) commenced in 2022 and is ongoing.

56. Management have informed us that progression of actions has been challenging due

to capacity issues. One workshop was held to review BCPs and identify gaps/ inconsistencies. Teams were asked to update their BCPs using a standard format and save them on a newly created shared Teams directory where they could be centrally accessed.

Outstanding submissions have been followed up but Management are aware that gaps remain.

Integration

57. During 2022/23 the Forth Valley IJB Chief Officers continued to work with NHS Forth

Valley to finalise arrangements for the coordination of Forth Valley wide IJB functions between HSCPs.

58. The November 2022 IJB Board paper on ‘Coordination of Forth Valley Wide IJB Functions and Services’ provided an update on progress with the operational transfer of delegated functions and budgets, including services as specified in the approved Integration Scheme, and sought approval for the proposed terms of the agreement.

59. The HSCP operationally manages service, staff and budget responsibilities for the Integrated Community Mental Health Team, the Integrated Community Learning Disability Team, community nursing, community hospitals and community allied health professionals.

60. This paper outlined the plan to transfer further operational management responsibilities to the HSCPs and it was agreed that:

- Strategic planning and operational management responsibilities for Primary Care services, including Out of Hours and contracting Primary Care services, would transfer to Falkirk HSCP as the lead HSCP for Primary Care;
- Strategic planning and coordination of Specialist Mental Health and Learning Disability services would transfer to Clackmannanshire & Stirling IJB.

61. This completed the transfer of functions and budgets in line with the Public Bodies

(Joint Working) (Scotland) Act 2014 and the Integration Scheme.

62. These arrangements have also been approved by Forth Valley NHS Board and

Clackmannanshire & Stirling IJB.

63. The Chief Officer’s report to the 31 March 2023 IJB Board noted that due diligence is

underway in relation to areas such as resources, risk management, governance, staffing and operational delivery arrangements, as a result of the transfer of the remaining integration functions to the Falkirk and the Clackmannanshire & Stirling IJBs. This will include a more detailed description of the services being transferred to the respective IJBs, delegated in accordance with the Public Bodies (Scotland) Act, 2014.

64. The Chief Officer’s report acknowledged that whilst there had been constructive

discussions between the IJBs on the co-ordination arrangements proposed, a significant amount of work was still required. A request has been made for support as part of the ongoing support from Scottish Government as part of the NHS Forth Valley escalation plan.

Transformation

65. The ‘Whole System Transformation’ strategic risk is scored at 12 with a target score

of 3. The current and planned controls are focussed on practical service improvements and the development of transformation priorities, included as a planned control is now complete.

66. Large scale transformation is required to deliver financial savings and deliver improved outcomes for people. There is a clear challenge for the IJB to drive the necessary transformational change within the available capacity, with the support of partners.

67. As reported to the IJB in June 2022 a set of transformation priorities were identified:

- Staff Wellbeing and Effective Workforce
- Prevention of Admission & Early Intervention
- Intermediate Care & Improving Pathways
- Digital & Innovation
- Data & Information

- Integration & Efficiency

68. Currently, the performance monitoring report does not report progress with the

transformation priorities, nor is there any overt linkage to the 'Whole System Transformation' strategic risk. We recommend that the IJB is provided with a 6 monthly report on progress against these priorities, and how this mitigates the strategic risk.

69. The MTFP and 2023/24 Business Case, presented to the IJB Board on 31 March 2023,

referenced the need for transformational change and use of reserves/winter pressure funds to deliver change, linked to the Strategic Plan and corporate objectives. Savings of £13.493m are required in 2023/24, of which £10.664m is recurring. The vast majority of the recurring savings target based on transformation projects. It is not however clear how the success of transformational projects is reported to the IJB Board i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.

Community Planning

70. The Chief Officer and Head of Integration are members of the Community Planning

Partnership (CPP) Strategic Board. Falkirk HSCP is lead for two priorities in the CPP plan - Theme 3: Mental Health and Theme 4: Substance Use.

B – Clinical Governance, Staff Governance, Financial Governance, Information Governance

Key arrangements in place as at year end 2022/23 as well as planned and ongoing developments

B1 Clinical:

71. Section 5.4 of the Integration Scheme states that the IJB will be responsible for

> ensuring that a framework for Clinical and Care Governance is in place for the services to be delivered in relation to the integration functions, with support from the parties through relevant employees.

72. The 'Clinical and Care Governance Framework' was approved at the Falkirk

Integration Joint Board on 24 March 2016 and in response to recommendations made in internal audit report FK07-17 Clinical Care and Professional Governance, the 6 April 2018 IJB Board agreed a revised Framework.

73. Internal audit report FK07-17 recommended that the update of the Framework

should fulfil the requirements of section 5 of the Integration Scheme. The Annual Internal Audit Report 2018/19 recommended that *'The C&CGC should receive a formal update on the completion of actions within report FK07/17 Clinical Care & Professional Governance and an assessment of the effectiveness and impact of their implementation'.*

74. No update was provided and there is no evidence of any activity until the August

2022 CCGC meeting agreed that a review of the Clinical and Care Governance Framework should be undertaken, noting that review work had been put on hold pending the publication of national guidance. The MSG report included a commitment to produce revised statutory guidance to ensure ‘effective, coherent and joined up clinical and care governance arrangements’ to be available in August 2019 and there had been no further indication on publication timescales.

75. The Falkirk CCGC has a remit to:

- provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
- provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.

76. The CCGC will provide its annual assurance report for 2022/23 to the September 2023 IJB Board, which is too late for any findings to be included in the draft Governance Statement.

77. Although minutes of the CCGC are presented to the IJB Board, it does not provide clinical and care governance assurance reports to the IJB Board.

78. Minutes may be valuable for the group itself but are not normally an efficient and effective source of assurance. A regular assurance report to the IJB Board would allow issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest.

79. FTF Integration Governance principles set out that independent oversight is a fundamental component of clinical governance assurance; this should include oversight from independent non-executives/councillors/voting members at an appropriate level based on robust, relevant and reliable data. Management should set out how IJB members will receive more frequent information on clinical and care governance.

80. On 26 August 2022 the CCGC agreed revised Terms of Reference which were approved by the IJB on 2 September 2022. The CCGC met four times in 2022/23 and on 22 November 2022 the Committee agreed an indicative forward planner for 2023. The forward planner includes twice yearly consideration of the strategic risk register (with work ongoing to align clinical and care governance risks in the IJB Strategic Risk Register to the CCGC and consideration of the NHS Forth Valley Clinical Governance report.

81. The review of the Clinical & Care Governance Framework is being undertaken by the HSCP Clinical and Care Governance Management Group (a Sub Group of the CCGC) in conjunction with the Chief Officer, Chief Social Work Officer, IJB Medical Director, IJB Nurse Director and GP Lead.

82. The refreshed Framework will be presented to a future CCGC before approval by the IJB Board. We have been informed that the update has been delayed due to capacity but an update will be provided to the September CCGC meeting.

83. The August 2022 CCGC required the Clinical and Care Governance Management

Group to provide it with assurance over the system of clinical governance and clinical risk management through the Local Oversight report. The Local Oversight provides the CCGC with valuable information, including updates on: public protection; the work of the HSCP Clinical & Care Governance Management Group; NHS FV Clinical Governance Arrangements; Care Home assurance; Falkirk Adult Protection Committee (APC); Alcohol and Drug Partnership; Suicide and Drug Prevention.

84. A Falkirk IJB Complaints Handling Procedure is in place and the website provides

information on the complaints process. The CCGC reviews an annual complaints report as well as considering quarterly complaints reports.

85. On 31 March 2023 the IJB Board considered the Annual Report of the Chief Social

Work Officer (CSWO) 2021/22, which presents an overview of performance but does not include any conclusion on the adequacy and effectiveness of arrangements for the quality and safety of care. It did however, highlight the continuing challenge for social work services to meet demanding efficiency savings targets.

B2 Staff Governance

86. The risk associated with workforce is included within Strategic Risk 4 Capacity and

Infrastructure. This risk is scored as 16 (Amber - High) with a target score of 12 (Amber – High). Consideration is being given to splitting this risk into two separate risks, one for Workforce and one for Infrastructure. The CFO will be meeting with the partners corporate risk managers to progress this as part of deep dive/ review work. High or Very High risks should be monitored and updated monthly but this risk has not been reviewed since 24 January 2023.

87. An Integrated Workforce Plan 2022-2025 was approved by the IJB on 2 September

2022. The cover paper stated that it aligned with National Workforce Strategy Guidance and used the Five Pillars of Workforce Planning. An action plan, based on the five pillars, to address the issues and workforce gaps was included at the end of the plan. Each action has an appointed lead and timelines for completion, although we note that many of the timelines are ‘ongoing’ or ‘tbc’.

88. A working group has been established with draft Terms of Reference to progress the actions in the Workforce Plan and was supposed to report to the Senior Leadership Team and provide 6 monthly updates to the IJB, although none has been provided to date. We would recommend that the actions in the plan are crystallised and articulated in such a way they are all expressed in SMART terms.

89. The Chief Officer is a key member of NHS Forth Valley and Falkirk Council senior leadership teams and works to partner objective / appraisal requirements.

90. The Partnership's recruitment campaign 'A Career that Cares' continues to promote the wide range of roles and opportunities within the HSCP.

91. Throughout 2022/23 progress with proposals to invest in staff capacity for leadership and support workforce have been reported to the IJB through the Chief Officer's reports. The costs of the additional roles will be met from a range of funding sources and aim to enhance support capacity to benefit front line staff and the people and communities they support.

92. The partner organisations' Whistleblowing Policies apply to HSCP staff, there is no whistle blowing reporting to the IJB.

B3 Finance:

93. The Strategic Financial Sustainability Risk remains at a current Amber (16) – score

with a flat trend. The target score is Amber (12). In our opinion this scoring is appropriate.

94. Each meeting of the IJB receives a Finance Report including a savings progress

update and a forecast outturn position. The finance report to the March 2023 IJB Board stated that the integrated budget is forecast to underspend in 2022/23 by £2.119m.

95. The MTFP outlines a significant savings requirement of £13.493m in 2023/24 to

meet the funding gap, with additional recurring savings requirements of around £2m per annum in each subsequent year. Over the 4-year period, it is estimated that total savings of £19.057m will be required.

96. A savings proposal for 2023/24 has been identified, with £6.493 risk assessed as Red,

£4.026 as Amber and £2.974 as green. In order to present a balanced budget for 2023/24, non recurring savings totalling £2.829m have been proposed from general fund and earmarked reserves. These are a short term measures and not sustainable in the long term. Recurring savings require to be identified to address the gap for future years and a 'resetting of services', achieved though transformation will be required.

97. Based on achievement of these savings targets, the MTFP estimates the shortfall as

£13.493 in 2023/24, dropping to £1.825 in 2026/27.

98. The Finance Report to end of January 2023, reported to the 31 March 2023 IJB

Board, stated that £2.243m of the planned £5.165m of savings had been achieved, leaving a remaining balance of £2.922m. However, while progress with the original savings plan was hampered by a year of high vacancies, staff turnover and capacity challenges, these same factors have resulted in significant staff turnover benefits that have negated the original savings delivery requirement and the integrated budget was forecast to underspend in 2022/23. We note that these savings are not recurrent and a number of planned savings have been rolled forward into 2023-24.

99. The IJB is kept regularly updated on development of the Financial Plan and the status of budget settlement discussions with the partners. The overall financial context, especially the long term impact of Covid19, remains complex and uncertain, with a number of pressures impacting on future financial sustainability.

100. Implementation of statutory guidance regarding set aside services in collaboration with NHS Forth Valley and Clackmannanshire and Stirling IJB was included as an action within the 2021/22 Governance Statement and, as with many IJBs, the Set Aside mechanism has not yet been agreed. As with many IJBs, financial arrangements for Set Aside services require further development to recognise the strategic input of IJBs and operational input from NHS Boards, the joint objective being the efficient deployment of resources to the benefit of the people of Falkirk.

101. Financial regulations for the IJB have been in place since 2018 and are contained within the Integration Scheme (updated March 2018).

102. The IJB receives management accounting support from both Falkirk Council and NHS Forth Valley. While the IJB CFO has informed Internal Audit that access to senior Finance officials in both Falkirk Council and NHS Forth Valley is good and that generally any issues or areas of concern can be easily raised and resolved, the 2022/23 Finance Report presented to the 31 March 2023 IJB did stated that ‘The 2022/23 position included both budget and costs for medical staff transferred on 1 April 2022 into the IJB set-aside budget. The Board requested a due diligence exercise

on this transfer and information was requested from NHS Forth Valley. The overall level of information currently being received from the Acute Finance Team is less than required due to staff turnover and significant capacity challenges within the team - a meeting with the Deputy Director of Finance took place on 1 March 2023 to agree improvements.'

103. The CFO has informed us that this represents a financial risk and these concerns

have been discussed with the Director of Finance and parameters for the due diligence exercise have been shared with expectations this work will be completed in early 2023/24.The IJB’s Reserves Policy was last reviewed in September 2020 and the finance report to the IJB on 31 March 2023 noted that this policy should be reviewed. However, the 2023-24 Business Case included a significant savings requirement that would be met, in part, from non-recurring reserves and consequently a review of the Reserves Policy was not recommended at this stage, given the additional draw from contingency reserves in 2023-24.

104. The MTFP 2023-2027 acknowledges that “Unallocated general reserves will be used to address savings gaps within the annual budget setting process on a short term basis. Such reserves are non-recurring in nature, and it is likely that substitutionary recurring savings will require to be identified in the longer term in order to maintain financial stability.

B4 Information Governance:

105. An Information Governance (IG) Assurance Report 2021/2022 was presented to the IJB in September 2022. It provided assurance on arrangements for IG applicable to the IJB and on IG arrangements in place within the partners that deliver services on behalf of the IJB. The Annual Report concluded that there are appropriate arrangements in place to ensure the IJB’s compliance with its IG responsibilities and that:

- partners need to ensure that information sharing agreements are in place for any operational data sharing relating to integrated services

- partners need to ensure that they improve on their arrangements in line with their respective records management plan. This will assist the IJB to ensure it can demonstrate improvement on its own plan.

106. No assurance over IG arrangements was provided during the 2022/23 year and we recommend that IG Annual Assurance reports are provided at the end of each financial year, to inform the assurances within the Governance Statement.

107. The Falkirk IJB Records Management Plan was submitted to the Keeper of Records in March 2020 and the Records Management Assessment Improvement Plan provided by the Keeper in April 2020.

108. The NHS Forth Valley Head of IG is the Data Protection Officer for the IJB and NHS Forth Valley administers information requests on behalf of the IJB.

109. An information sharing protocol was put in place when the Partnership was first set up and is progressively being replaced by specific Information Sharing Agreements.

Section 2 Issues and Actions

Action Point Reference 1 – Identification of gaps in governance arrangements

Finding:

An IJB Governance Report is presented to each meeting of the IJB Board and provides information on items such as work on the update of the Integration Scheme, updates to governance documentation, including Terms of Reference of Committees, appointments and membership of the IJB and its Committees and Board Development sessions. It does not provide updates on outstanding governance improvement actions, and this is reported through a Governance Statement Improvement Actions report presented to the Audit Committee.

Considerable work has been completed to ensure the Governance Statement Improvement Actions report reported to Audit Committee is comprehensive and current. Outstanding actions have been grouped together under specific headings and any repetition has been removed to ensure focus on key, current requirements. In addition a RAG rating was specifically included to highlight slippage in timescales.

However, it is not easy to identify if all recommendations from a specific report/source have been completed, nor if there has been slippage in the original timescales. The Chief Finance Officer has discussed with internal audit the need to include more robust reporting on follow up of internal and external recommendations, and this will be progressed in 2023/24.

Audit Recommendation:

The Audit Committee should continue to monitor progress with any key exceptions or areas of non-achievement highlighted to the IJB

Board in order to allow it to monitor progress and hold officers to account.

The report should include any new actions arising from the external review of integration, all outstanding MSG recommendations, outstanding Internal Audit and External Audit Recommendations, and outstanding Governance Statement Improvement Actions. Enhancements to reporting could include:

☐
A chart showing total number of action points due broken down into complete, in
progress, due date extended, no longer relevant;

☐ Link to strategic risk (and/or area of governance); ☐ Prioritisation of actions

A Follow Up Protocol to clarify roles and responsibilities, monitoring and escalation arrangements over the process should be drafted.

Assessment of Risk:

Our assessment of the above finding is as follows:

●

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

The Chief Finance Officer will work with Internal Audit during 2023/24 to further refine and improve the Governance Statement Improvement Actions quarterly report, to ensure the report incorporates new and emerging actions and to enhance the level of assurance provided by the report.

The suggested report enhancements will be discussed by the CFO and Internal Audit during scheduled liaison meetings so these can be incorporated into future reports. It is unlikely these enhancements will be available for the September reporting cycle due to the need for further engagement and due to report lead-in times so the target completion date will be the December committee cycle.

Action by: Date of expected completion:

Chief Finance Officer December 2023

Action Point Reference 2 – Annual Assurances

Finding:

Annual reports

An IJB Board Forward Planner was agreed in November 2022, covering Standing Items and Annual Assurances. The annual assurance reports for the Audit Committee, the Clinical and Care Governance Committee are scheduled to be presented to the 23 September 2023 IJB Board meeting, following consideration by Committees in June 2023. The IG Annual report will not be presented until September 2023 and the Chief Social Work Officer's report will not be available to be presented in September 2023. The IJB Board will not have had the opportunity to approve these reports prior to consideration of the draft Governance Statement.

Assurances from partner bodies

Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes, for example the IJB does not currently receive specific staff governance assurances from the employing partners, nor are any overt assurances from partner bodies on lead partner services provided to the IJB.

Audit Recommendation:

Audit Committee and CCGC Annual assurance reports should be considered by the relevant Committee at year end and presented to the June IJB Board meeting. In future years, the timing for annual reports should be coordinated for yearend assurance processes.

Whilst a number of reports are included on a cyclical basis, we would recommend that, to further develop good governance arrangements, an IJB Board assurance plan could be implemented to ensure assurance on all risks is provided to the IJB Board, including necessary assurances from partner organisation. The FTF internal audit assurance principles are appended to this report and should be used to inform development of any assurance work plan.

Accountability and responsibilities of the in respect of all governance arrangements should be clarified and agreed by the IJB and the Parties and flow through to risk management, performance management and assurance arrangements.

While the challenges to describing HSCI relationships and governance arrangements are well understood by the parties, there remains a need to document a clear, consistent and coherent understanding of HSCI risks and accountabilities, so that comprehensive assurance systems can be developed which reflect shared understanding, minimise duplication as far as possible and ensure there are no omissions.

Assessment of Risk:

Our assessment of the above finding is as follows:

🟠

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

It will be possible for the Audit Committee assurance report and CCGC assurance report to be approved by both the Audit Committee and IJB Board during the June committee cycle each year. However, other assurance reports may not be available for presentation in June where they need to be presented to partner organisations' committees first.

Action by: Date of expected completion:

Senior Service Manager June 2024

Action Point Reference 3 - Risk Management

Finding:

The strategic risk profile is reported to the IJB Board but there is currently no overt assurance on each of its strategic risks to the IJB Board. This will be addressed through the planned programme of risk deep dives. Our review of IJB Board and Committee papers highlighted that, whilst IJB Board and Committee members are keen to discuss risk, many papers lack adequate, or sometimes any, detail on the associated risks. Where narrative is provided it does not overtly link to the strategic risk or operational risks and does not overtly provide assurance on narrative, scores or the adequacy and effectiveness of key controls and actions.

Audit Recommendation:

The IJB Board should consider how it will receive assurance on each of the strategic risks though the planned deep dives. Some may require to be provided by the partners, to ensure the IJB Board receives assurance that its strategies and statutory responsibilities are supported by the enabling strategies and governance arrangements of its partners and these are appropriately prioritised, resourced and monitored.

The Legal & Risk Implications section of IJB Board and Committee papers should be given higher priority and should contain basic information to facilitate a focused discussion on the risk implications, be overtly linked to any operational or strategic risks and contain enough information for members to be able to form a conclusion on whether the score narrative and other elements of the related risk are adequately described.

Consideration should be given to how Performance Reports can provide overt assurance on the accuracy of the narrative and scores for related strategic risks as well as the adequacy and effectiveness of key controls.

Assessment of Risk:

Our assessment of the above finding is as follows:

●

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

- **A programme of deep dives is to commence during 2023/24 with the first deep dives being very much a test of change/ trial. As the deep dive process becomes clearer, progress will be reflected in both the Quarterly Strategic Risk Register (SRR) reports to the audit committee and through risk reporting to the IJB.**

- **Board, other Committee and Senior Leadership Team (SLT) reporting templates will be reviewed to ensure the Legal & Risk Implications section incorporates additional guidance to ensure report writers adequately describe risk and link this overtly to current operational and strategic risks.**

- **As an initial action, and as part of the wider ongoing risk management work,**

performance reports will be shared with Business Support Manager to ensure a flow of information.

Action by: Date of expected completion:

- **Chief Finance Officer / Senior Service March 2024**
- **Manager March 2024**

  Senior Service Manager

- **March 2024 Senior Service Manager**

Action Point Reference 4 – Clinical and Care Governance

Finding:

The Integration Scheme states that the IJB will be responsible for ensuring that a framework for Clinical and Care Governance is in place for the services to be delivered in relation to the Integration Functions with support from the Parties through relevant employees. Arrangements outlined in the Clinical & Care Governance Framework are designed to assure the IJB, Falkirk Council and NHS Forth Valley that the quality and safety of services delivered by staff, and the outcomes achieved from delivery of those services, are the best possible and will make a difference to the lives of residents.

The Clinical & Care Governance Framework had not been updated since 2018 due to pending national guidance which has yet to be received. The CCGC has received updates on this, but there has been no review of the effectiveness of the framework. A planned update of the framework was belatedly agreed by the CCGC in August 2022.

While the CCGC provides an annual assurance report to the IJB Board and minutes of the CCGC are provided to the IJB Board, it does not provide regular clinical and care governance assurance reports to the IJB Board.

Audit Recommendation:

The Clinical & Care Governance Framework should be reviewed and updated as a priority, and a review of recommendations from internal audit report FK07-17 completed to ensure all recommended aspects are included.

More regular direct reports on clinical and care governance should be provided to the IJB Board, to ensure members receive more frequent information on clinical and care governance.

Now that delegation of services is complete, a gap analysis should be undertaken to ensure the CCGC has oversight of all services, including those for which Clackmannanshire and Stirling IJB is the lead partner.

Assessment of Risk:

Our assessment of the above finding is as follows:

●

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

This recommendation will be further discussed through dialogue between the Chair of the CCGC and internal audit, to be co-ordinated by the Senior Service Manager.

Action by: Date of expected completion:

Senior Service Manager September 2023

Action Point Reference 5 - Workforce

Finding:

The Integrated Workforce Plan 2022-2025 contains an Action Plan with identified leads and timelines, although many were ‘ongoing’ or ‘tbc’.

Although the Plan states that ‘regular update reports will be submitted ....to the IJB’, none have been provided since approval.

The Plan does not include a gap analysis to identify the difference between projected and required future workforce by number and type.

Audit Recommendation:

The actions within the Action Plan should be redefined and enhanced to ensure they are SMART.

Reports on delivery of the workforce plan, including metrics to assess both implementation and effectiveness should be provided to the IJB Board, with a clear linkage to the Capacity risk and the potential impact on service delivery, transformation and finance.

The Plan should, as a minimum, contain a ‘gap analysis’ of the needed staff resource, specifying job role and staff numbers.

Assessment of Risk:

Our assessment of the above finding is as follows:

🟡

Moderate Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Management response to be confirmed by Head of Integration. To be reported to September 2023 Audit Committee.

Action by: Date of expected completion:

Head of Integration tbc

Action Point Reference 6 – Directions

Finding:

The Directions Policy and good practice require the IJB to monitor the implementation of its approved Directions. There is no evidence that the Strategic Planning Group has fulfilled its role in this regard and in any event, the Directions are not sufficiently detailed to provide meaningful direction or to allow meaningful monitoring.

Audit Recommendation:

Directions should provide strategic direction to partner organisations in line with national guidance and the IJB should be assured of their implementation either directly or through a group which provides regular and overt assurance.

Assessment of Risk:

Our assessment of the above finding is as follows:

🟡

Moderate Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

An action plan was previously identified to address audit recommendations following the review of Directions. The action plan has not been implemented and management would like to further defer implementation until after the intended review of the Integration Scheme, MSG self-assessment review and due

diligence work following service transfers into the IJB during 2022/23. A timeline and terms of reference for these exercises is currently being agreed with Scottish Government as part of NHSFV escalation response and consequently a timeline for the Directions action plan will be set at a later date.

Action by: Date of expected completion:

Senior Service Manager / Chief Finance tbc Officer

Action Point Reference 7 – Savings

Finding:

The MTFP outlines a significant savings requirement of £13.493m in 2023/24 to meet the funding gap, with additional recurring savings requirements of around £2m per annum in each subsequent year. Over the 4-year period, it is estimated that total savings of £19.057m will be required. Recurring savings require to be identified to address the gap for future years and a ‘resetting of services’, achieved though transformation will be required.

The Reserves Policy, approved in September 2022 has not been reviewed. As reported to the 31 March 2023 Board, ‘the IJB’s existing Reserves Policy should be reviewed. However, the 2023/24 Business Case includes a significant savings requirement that will in part be met from non-recurring reserves during 2023/24. Consequently, a review of the Reserves Policy is not recommended at this stage, given the additional draw from contingency reserves in 2023/24’. The Chief

Finance Officer has informed Internal Audit that the policy will be reviewed post Covid, as general reserves are expected to reduce.

Audit Recommendation:

Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation. Reporting should provide a rounded view of overall performance, financial sustainability and progress in implementing the priorities set out in the Strategic Plan, linked to assurance on any relevant strategic risks.

Financial monitoring reports should also clearly link to the Strategy Delivery plan and clearly show progress with savings (identified and actually achieved against a planned trajectory) arising from these actions.

As the organisation cannot rely on reserves in the long term, the focus should now be on addressing the underlying gap to ensure long term financial sustainability.

Assessment of Risk:

Our assessment of the above finding is as follows:

●

Significant

Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

Management agrees the use of reserves to deliver a break even financial position can only be considered a short term measure and recurring savings are required in the longer term to deliver a sustainable financial position. This is recognised in the annual business case and the medium term financial plan.

A workshop with IJB members will be considered in autumn 2023, after the summer recess, in order to support future, recurring savings delivery and to progress the 2024/25 business case and medium term financial plan refresh.

□

Specifically with regard to transformation projects and delivery of the strategic plan, reporting arrangements have been developed and improved during 2022/23 and a process of continuous improvement will ensure the benefits arising from transformational change are adequately articulated. In many cases, transformational change leads to cost avoidance rather than the delivery of savings, for example, care closer to home avoids the need to invest in additional in-patient bed capacity but there are no "savings" unless in patient-bed numbers can be reduced through ward closure. Where material savings are delivered through transformational change, these will be reflected in individual project status reports and then linked to the quarterly Finance reports presented to IJB Board (which already report on Savings delivery).

Action by: Date of expected completion:

Chief Finance Officer December 2023

Senior Service Manager Business as usual

Section 3

Definitions of Recommendation Priorities Committee

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment	**Definition**	**Total**
🔴	Fundamental Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	**None**
🟠	Significant Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**	**Five**
🟡	Moderate Weaknesses in design or implementation of controls which contribute to risk mitigation.	**Two**

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

🟢

Merits There are generally areas of good practice. **None** attention **Action may be advised to enhance control or improve operational efficiency.**

Appendix 1 – Audit Follow Up of action to address recommendations for the Falkirk IJB Annual Report 2018/19

Ref. Finding Audit Recommendation Management Response/ Action Action by/Date Position as at end May 2023

1. We have highlighted below The IJB and its partner An action plan will be developed as Chief Officer Complete. A paper entitled

a number of areas which organisations needs to focus part of the MSG self evaluation "Governance Statement

December 2019

should be incorporated core activity on the areas of work. This will be expanded to Improvement Actions' is into an improvement highest importance, including cover any key governance presented to each meeting of the action plan. This should key governance arrangements, recommendations that are not Audit Committee. include governance and ensure that these are already covered by the MSG work. developments identified delivered within available

within the IJB's own self resources, noting that the

assessment and through parent bodies will also need to A paper will be presented to the IJB Chief Officer

previous internal and engage with and support the proposing a process for monitoring N/A – as above, progress is December 2019 all actions and ensuring that the IJB external audit reports. process. reported to the Audit Committee.

There are also areas where Board is provided with appropriate All relevant actions identified assurance on progress. previously agreed actions should be collated and have not been achieved. monitored through a

There is considerable comprehensive SMART

duplication between the Improvement action plan.

outcomes of the

Implementation should be

organisation’s governance

monitored by the Audit

self assessment, our

Committee and the reasons

findings and those of the

for and consequences of any

MSG, as well as the Audit

non-achievement highlighted,

Scotland HSCI report.

with assurance provided to

the IJB Board by the Audit

Committee with particular

reference to MSG actions.

Appendix 1 **Audit Follow Up Actions**

2. Work has been ongoing for Governance arrangements The IJB has requested a review of Chief Officer & Governance arrangements are

some time to agree between the IJB and its relevant standing orders and now defined.

Chief Executives

integrated management partner organisations should scheme of delegation to ensure

Standing Orders were approved

structures, with a number be clearly defined and agreed that the Chief Officer has

by the Board on 18 March 2022.

of reports on this area by all parties as a matter of appropriate controls to fulfil their

Management have informed us

presented to the IJB. urgency. duties.

that consideration will be given to

However, governance

arrangements between the September 2019 This will form part of the due
updating the Standing Orders in
diligence work required before
line with the update of the
IJB and its partner

services transfer to the Integration Scheme.

organisations are not yet

fully defined, and not yetThe Scheme of Delegation was Partnership.

agreed by all parties. The Integration Scheme should be published in 2018
and has not March 2020

reviewed by March 2020.been fully reviewed and updated

since then. Since March 2020, Board members have continued

to agree that authority is

delegated to the Chief Officer to

deal with urgent business, which

would normally be determined by

the Board, and this was last

agreed by the Board on 31 March

2023 when they agreed to

continue to delegate authority to

the Chief Officer, to be reviewed

at the Board meeting in June

2023.

Work to update the Integration

Scheme is ongoing and is

scheduled to be completed by

end of June 2023.

3. Appropriate assurance The Audit Committee and This proposal will be presented to Chief Officer The Audit Committee and Clinical

reports are not being Clinical and Care Governance the IJB for consideration.and Care Governance Committee

September 2019

received by the IJB to Committee should provide
provide year-end reports to the
enable them to conclude year-end reports to
the IJB If agreed, year-end reports to be Chief Officer
IJB. However, these will not be
on the work carried out by that include a
conclusion on produced.approved by the IJB Board prior June 2020

its committees and sub whether they have fulfilled to drafting of the draft groups. their remit and its view on the Governance Statement.

adequacy and effectiveness of

the matters under its purview;

as well as reflecting on any

matters of concern for future

consideration.

Appendix 1 Audit Follow Up Actions

4. Areas for improvement in We would expect An action plan will be
developed as Chief Officer As action point 1. The planned

the MSG self-assessment improvements in financial and part of the MSG
self evaluationreview of Health & Social Care

December 2019

will be developed into an governance arrangements, as work. This will be
expanded to Assessment, Support & action plan over the noted in the self
assessment, cover any key governance Improvement will assess the MSG
summer of 2019. The plan to form part of the action plan recommendations
that are notintegration principles to identify

should be clear about to be reviewed, ideally by the already covered by the
MSG work.areas of strength, weakness and

actions being taken Audit Committee. It is future opportunities to enhance

A paper will be presented
to the IJB Chief Officer

forward and by whom as essential that progress in
collaborative working in health
well as how their implementing actions
arising December 2019 proposing a process for monitoring care, and the
wider public sector.

all actions and ensuring
that the IJB

effectiveness will be from the MSG, national

Board is provided with appropriate

measured and monitored. reports, and findings from

assurance on progress.

It is also important that it is internal and external audit

developed in partnership This links to resource being reviews are regularly

and formally agreed by all monitored. provided by partners to facilitate parties so that there is this work through the Support absolute clarity as to roles Services Agreement. and responsibilities and

contributions.

Appendix 1 **Audit Follow Up Actions**

5. Clinical and Care The CCGC should receive a An initial paper will be taken to the Chief Officer Outstanding. There is no evidence

Governance arrangements formal update on the August 2019 CCGC committee. of the paper being presented to

August 2019

continue to develop, and completion of actions within the CCGC in 2019/20. work is ongoing in this report FK07/17 Clinical Care &

area. The NHS Forth Valley Professional Governance and

Internal Audit report an assessment of the

highlighted a number of effectiveness and impact of

areas where arrangements their implementation.

had not progressed as

expected. There is already

much clinical and care

governance information

available through Council

and NHS information

systems and the IJB needs

to agree how best to utilise

this information in order to strengthen its assurance to the IJB.

6. Work is underway to Implementation of the next Agreed. Chief Officer
The Integrated Workforce Plan

develop an updated iteration of the integrated 2022-2025 was approved by
the

This work will rely on
partners March 2020

integrated workforce plan. workforce plan should be
IJB on 2 September 2022.
providing resource to
complete.

The partnership published monitored by the IJB and the
However, there has been no
an Integrated Workforce IJB should receive
assurancereporting to the IJB Board from

Plan covering 2016-19 to on staff governance from the the partners
support the development partner bodies.

of a joint, integrated

workforce. However, the

IJB did not receive progress

reports on the

implementation of the

previous plan.

7. Although the IJB strategic Consideration should be given Agreed. TBC Recommendation regarding

risk register contains a risk to ensuring appropriate regular reports from partners of failure to deliver its reporting of information reiterated in this report. strategic objectives due to governance and staffing

a lack of capacity and issues. For example,

infrastructure, it has not development of information

received assurance over sharing protocols, General

risks relating to staffing or Data Protection Regulations

information governance. compliance, arrangements for

sharing of locality health, care

and performance information.

A timescale should be agreed

for the implementation of

reporting arrangements and

remedial action put in place if

not achieved.

8. The 2019/20 Internal Audit The IJB should continue to Agreed Chief Finance Complete.

Plan includes a review of ensure that actions in relation Officer Medium Term Financial to mitigating financial risks are

Ongoing

Planning. This will focus on reflected in financial reporting

the IJB's arrangements for with the continued aim of

developing, managing, and achieving financial balance.

reporting on its own

Medium Term Financial

Plan. It will also consider

how the IJB will obtain

assurance on the

robustness of partners'

plans, and their process for

developing and maintaining

these.

Appendix 2 **Committee Assurance Principles**

Committee Assurance Principles

1. Purpose and remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to

provide strategic leadership and direction, and to focus on agreed outcomes.

Detailed scrutiny should take place at Standing Committee level, with each Committee providing

assurance and escalating key issues to the Board as required. For this to be achieved successfully,

Standing Committees must be clear about their priorities, have focused agendas and workplans and

must monitor their own performance rigorously. Standing Committee remits are approved by the

Board with input from Committees and increasingly from Scottish Government (SG) and / or other

national governance initiatives. However, Standing Committees must ensure that they are focused

on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

2. Board or Standing Committee Agenda

In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are other good reasons for its inclusion:

a. It is a decision delegated to that Committee
b. It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee. In this context, performance reports etc should make explicit reference to the corporate risks to which they relate and should contain a conclusion on whether the performance indicates that controls are operating effectively to mitigate that risk as intended
c. It is a statutory or regulatory requirement or required by SG guidance
d. The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

3. Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles. This should be set out in the Committee assurance plan or clearly identified within the Committee work plan.

The ‘three lines of assurance’ are often used to help categorise assurances:

- First line: management assurance from “front line” or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation’s management chain;
- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

Assurances should be:

a. Explicitly linked to the relevant risk with an explicit conclusion from the responsible director or officer

b. Streamlined so that there is no omission and no unnecessary duplication
c. Relevant: data should not be presented just because it is readily available
d. Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence

Appendix 2 Committee Assurance Principles

e. Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for oversight of most individual corporate risks to the relevant Standing Committee. Following a discussion of an agenda item, the Committee should formally assess the level of assurance received. This is reported to the Board via the Chair’s assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

a. Independent assurance (e.g. an auditor’s opinion) carries more weight than internal evidence produced by management

b. The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance

c. Assurances are time-limited and should only be relied upon if current d. Differentiate between positive, negative and neutral opinion when using independent assurance

e. Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Appendix A provides examples of questions that Committees and groups should ask about risks.

4. Chair’s report /Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest. The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair’s summary/assurance report and taken forward by the Responsible Director:

a. Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report?

b. Are there any new risks emerging which require escalation to the Board or recording in the Corporate or operational risk registers?

c. Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end?

d. For the risks delegated to the Committee:

- Are the scores correct?
- Have there been any significant movements?
- Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?
- Does performance reporting support this?
- Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

5. Year-end reports

At the end of the financial year, Standing Committees provide their annual report to the Audit & Risk Committee (A&RC) (or equivalent) (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

Appendix 2 Committee Assurance Principles

a.
A clear description of movement in strategic risks aligned to the Committee and areas where
actions were not effective

b.
Explicit identification of areas of non-compliance and explanation of the impact on the
control environment

c. Clear performance information and highlighting of areas of poor performance d. Inclusion of Key Performance Indicators where possible e.
Rather than stating that a report was presented, providing a broad conclusion on whether
the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)

f.
Any specific requirements for that Committee based on its remit or duties such as an explicit
opinion by the Staff Governance Committee on whistle-blowing arrangements based on an appropriate annual report or the Performance & Resources Committee (or equivalent) opinion on whether value for money was achieved

g.
Consideration of key risks and concerns and how these will be reflected in the workplan for
the year ahead.

The Audit & Risk Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit & Risk Committee within their annual report/assurance statement. Useful considerations in deciding whether an item should be disclosed include:

a. Is it material i.e. likely to have a major impact on the organisation? The Healthcare Improvement Scotland risk management ‘impact’ criteria provide a helpful guide;

b. Does it represent a control weakness? Some issues could not reasonably have been foreseen/prevented and therefore proportionate controls may not have prevented the incident;

c. Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the issue was discovered in year but related to a weakness in previous years, now rectified, then it need not be disclosed.

Issue Date: January 2022

Appendix 2 Committee Assurance Principles

Questions for Risk Owners

□ Would you know if your controls are working effectively as intended or failing? □ Can you evidence the effectiveness of the controls? □ Can you assure your Standing Committee of the effectiveness of controls? □ Do you have assurance for all three lines of defence?

o st 1 line - management / performance / data trends o nd 2 line – oversight / compliance / audits o rd 3 line – internal audit and/or external audit reports / external assessments

□ If Yes - why above appetite?

□ If No – How are the mitigating controls reflecting improvement or is there an action

plan?

□ Do you understand both the criticality and effectiveness of controls

o Criticality: How important to the mitigation of the risk? The higher the

importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort?

o Effectiveness: This should measure if the controls are well designed /

appropriate as well as how effectively they are implemented.

Risk Questions for Committees

General Questions:

 Does the risk description fully explain the nature and impact of the risk and does it

reflect/include all known significant issues that could have a major impact on the organisation?

 Do the current controls match the stated risk? How weak or strong are the controls? Are they both adequate i.e. well-designed and

effective i.e. implemented properly

 Will further actions bring risk down to the planned / target level? Does the assurance you receive tell you how controls are performing? Are we investing in areas of high risk instead of those that are already well-

controlled?

 Do Committee papers identify risk clearly and explicitly link to the strategic priorities

and objectives / corporate risk?

Specific questions when analysing a risk delegated to the committee in detail:

 History of the risk (when was risk opened) – has there been improvement or

deterioration- has it moved towards target at any point?

 Has a valid reason been provided for the current score? Is the target score:

o In line with the organisation's defined risk appetite? o Realistic/achievable or does the risk require to be tolerated at a higher

level?

o Sensible/worthwhile?

 Is there an appropriate split between:

Appendix 2 Committee Assurance Principles

o Controls – processes already in place which take the score down from its

initial/inherent position to where it is now?

o Actions – planned initiatives which should take it from its current to target? o Assurances - which monitor the application of controls/actions? o Ensuring there is clarity over what the listed controls etc. actually do e.g. if

there is a group, what is it for (noting a group might be all three or actually none)?

- Assessing Controls

o Are they ‘Key’ i.e. are they what actually reduces the risk to its current level

(not an extensive list of processes which happen but don’t actually have any substantive impact)?

o Overall, do the controls look as if they are applying the level of risk

mitigation stated?

o Is their adequacy assessed by the risk owner? If so, is it reasonable based on

the evidence provided?

- Assessing Actions – as controls but accepting that there is necessarily more

uncertainty :

- Are they are on track to be delivered?
- Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
- Are they likely to be sufficient to bring the risk down to the target score?

- Assess Assurances:
  - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
  - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
  - Do the assurance sources listed actually provide a conclusion on whether:
    - the control is working
    - action is being implemented
    - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
  - What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk):

- 1st line - management / performance / data trends?
- 2nd line – oversight / compliance / audits?
- 3rd line – internal audit and/or external audit reports / external assessments?

Agenda Item 4

Falkirk IJB 2022/23 Audited Annual Accounts

Agenda Item: 4

Falkirk Integration Joint Board Audit Committee

15 September 2023

Falkirk IJB 2022/23 Audited Annual Accounts

For Decision

1. Executive Summary

1.1 The purpose of this report is to present the audited accounts of Falkirk Integration Joint Board (IJB) for the year to 31 March 2023.

2. Recommendations

The Audit Committee is asked to:

2.1 approve the audited annual accounts of Falkirk IJB to 31 March 2023.

2.2 consider the external audit annual report at appendix 2.

3. Background

3.1 The 2022/23 draft annual accounts were submitted to the External Auditor by 30 June in line with timescales stipulated in the Local Authority Accounts (Scotland) Regulations 2014.

3.2 Following the audit process, the Regulations state that the IJB, or a Committee of the IJB charged with governance, must meet to consider the audited annual accounts and approve the accounts for signature by 30 September.

4. 2022/23 annual accounts

4.1 The annual accounts of the IJB have now been audited and are included as appendix 1. The External Auditor has provided an unqualified opinion on the accounts.

4.2 The specific findings arising from the audit are reported as part of the External Auditors annual report, as included in appendix 2.

4.3 Copies of the audited accounts will be posted to the Falkirk Health and

Social Care Partnership website and hard copies made available in local libraries, pending approval by the audit committee.

5. Key Findings

5.1

The external audit annual report provides an unqualified audit opinion on the

IJB's 2022/23 financial statements. The accounts are therefore considered to provide a true and fair view of the IJB's financial position. In addition, the report confirms there are no material uncertainties in relation to the going concern status of the IJB.

5.2 In terms of the wider scope and best value areas of the audit, the report

highlights a number of ongoing risks in relation to financial sustainability, longer term risk sharing arrangements/financial management and best value. 7 specific improvement recommendations are included in the report, 5 of which are follow up recommendations from the prior year. 1 of the follow up recommendations is now complete, leaving 6 outstanding. All 6 outstanding recommendations have been agreed by the Chief Officer and Chief Finance Officer and are noted below.

Area Identified for improvement

as per 2022/23 external audit Current Status

report

delivery models to support the
Plan were discussed and there was a focus identification and
deveachievement of on the need for a review of service delivery recurring
lopesavings to ensure financial models to ensure financial sustainability.
dsustainability. Work on this area will continue to be The Board must
andreview service
repo25 August 2023 where the Strategic Plan, Medium Term Financial
rtedPlan and Workforce **Current Year Recommendation 1**
thro A Board Development Session was held on
ugh

IJB Board

and in particular the annual Business Case

where a first draft will be provided to

December IJB Board and a final draft in the

following Committee cycle.

Implementation Date: 31 March 2024

assurances received from partner Audit Reports, Annual Assurance
bodies each year are expanded to Statements and a review of internal
controls include assurance over systems of within partners reported in
the Risk internal control and governance Management Performance
Report. In arrangements. The Board should ensure formal
control is received from the partner bodies throughout the year via
addit Annual Internal **Current Year Recommendation 2** Assurance on
ion, governance and internal
inco

rporating this assurance into

the Annual Assurance Letter will be

considered for the 2023/24 audit onwards.

Implementation Date: 31 July 2024

Prior Year Recommendation 1 Complete.

term financial planning is in place to The Medium Term Financial Plan
was support the delivery of the Strategic The IJB should ensure that
longer

Plan. approved in March 2023.

Area Identified for improvement

as per 2022/23 external audit Current Status

report

updated Integration Scheme, the accepts this needs to be brought to a IJB should work with Partners to conclusion. ensure that corporate support arrangements remain adequate and In addition, a Senior Accountant was fit for purpose. As part of the finalisation of the with various aspects of the updated Integration Scheme however the IJB **Prior Year Recommendation 2** There has been further progress recently

appointed in April 2023 which has increased

capacity within Finance, however further

work is required

Implementation date: 31 March 2024

The IJB should ensure that the Audit Internal Audit will work with the CFO to complete a self-assessment against the key **Prior Year Recommendation 3** As part of the 2023/24 Internal Audit Plan,

Committee is supported to conduct
principles and recommendations from the a self-assessment against good guidance and will validate and evidence the practice principles. conclusions before presentation to Audit Committee for approval.

Implementation date: 31 March 2024

The IJB should conduct a self- by the Chief Finance Officer, a final assessment by members of the IJB Board **Prior Year Recommendation 4** An initial assessment has been carried out

assessment against the CIPFA will be conducted before the end of this Financial Management Code. financial year.

Implementation date: 31 March 2024

The IJB should consider revising the
assessment exercise at the development session which on 25 August . A report will **Prior Year Recommendation 5** Members of the IJB completed a self-
self-assessment against the come to the IJB meeting in November.
Ministerial Strategic Group Implementation date: 31 March 2024
recommendations, prepared in May 2019.

6. Conclusions

6.1
The 2022/23 annual accounts were submitted to our External Auditors (Audit Scotland) in compliance with the statutory timescales. The audit has now been completed and the accounts are free from qualification.

6.2 Regular reports will be provided to future audit committee meetings to update on progress to implement all outstanding improvement actions identified through governance statement (including internal and external audit recommendations as appropriate).

Resource Implications

There are no resource implications arising from the report recommendations.

Impact on IJB Outcomes and Priorities

The production and audit of annual accounts is a statutory requirement of the IJB.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

There are no legal or risk implications arising from the report recommendations.

Consultation

No consultation is required on this report. The audited accounts will be available online.

Equalities Assessment

EPIA Reference: 00481

An initial EPIA has been completed. This report provides an update on / overview of the 2022/23 audited annual accounts, the public inspection period and external audit statutory deadlines. The report asks the Audit Committee to note this information and the committee is not being asked to make a decision which will impact on people. Therefore, a full EPIA is not required.

Should any changes be made to the policies, procedures or services detailed within the report, a full EPIA may be required.

This initial EPIA will be kept under review.

7. Report Author

7.1 Steven Kirkwood – Chief Finance Officer

8. List of Background Papers

8.1 N/A

9. Appendices

Appendix 1: Audited annual accounts 2022/23 **Appendix 2:** Falkirk IJB Annual Audit Report 2022/23

Appendix 1

Falkirk

[redacted]

Health and Social Care

Partnership

Falkirk

Integration Joint Board

AUDITED ANNUAL

ACCOUNTS

2022/23

CONTENTS

Management Commentary 3

Statement of Responsibilities 19

Remuneration Report 21

Annual Governance Statement 25

Comprehensive Income and Expenditure Statement 31

Movement in Reserves Statement 32

Balance Sheet 33

Notes to the Financial Statements 34

- 1. Significant Accounting Policies 34
- 2. Events After the Reporting Period 37
- 3. Critical Judgements and Estimation Uncertainty 37
- 4. Expenditure and Income Analysis by Nature 38
- 5. Taxation and Non-Specific Grant Income 39

6. Debtors 39

7. Creditors 39

8. Provisions 39

9. Useable Reserve: General Fund 40

10. Related Party Transactions 42

Independent Auditor's report to the members of Falkirk Integration Joint Board

and the Accounts Commission 44

Glossary 49

Management Commentary

Introduction

This publication presents the financial statements for Falkirk Integration Joint Board

("the IJB") for the year ended 31 March 2023. The financial statements have been

prepared in accordance with the Local Authority Accounts (Scotland) Regulations

2014 and the Code of Practice on Local Authority Accounting in the United Kingdom

as per the requirements of section 106 of the Local Government Scotland Act 1973.

The Financial Statements are comprised of:

1. A management commentary which provides an overview of operational and

financial performance during the course of 2022/2023. The management commentary also considers key issues and challenges for the coming financial year.

2. A statement of responsibilities in respect of the administration of the IJB's

financial affairs and delivery of best value.

3. A remuneration report summarising remuneration and associated pension benefits in respect of specified IJB members and staff.

4. An annual governance statement describing the IJBs corporate governance arrangements and systems of internal control.

5. A comprehensive income and expenditure statement which reports the overall surplus or deficit arising from the provision of delegated services.

6. A movement in reserves statement which outlines the position on IJB reserves during the course of the year.

7. A balance sheet which summarises the assets and liabilities of the IJB as at 31 March 2023.

8. Notes to the financial statements, including general accounting policies and other explanatory information.

Role and Remit of Falkirk Integration Joint Board

Falkirk IJB was formally established under the Public Bodies (Joint Working) (Scotland) Act 2014 to lead the integration, strategic planning and commissioning of adult health and social care services in the Falkirk area. Integration of health and social care services is a key flagship policy of the Scottish Government which aims to ensure that people receive the care and support they need at the right time, in the right setting and in a more joined up way. All of which should be underpinned by anticipatory and preventative care planning. This supports the IJB’s fundamental purpose ***to enable people in the Falkirk area to live full and positive lives within supportive and inclusive communities.***

The IJB is a legal entity in its own right established in October 2015 following ministerial approval of the Integration Scheme developed by Falkirk Council and NHS Forth Valley. Membership of the IJB is comprised of 6 voting members (3 elected members appointed from Falkirk Council and 3 Non-Executive Directors appointed from NHS Forth Valley) together with 13 non-voting members. Non-voting members include the Chief Officer, Chief Finance Officer and a wide range of other health and social care professional advisors including third sector, carer, and staff side representatives. The Chair and Vice Chair of the IJB are appointed for a 2-year term by Falkirk Council and NHS Forth Valley on a rotational basis. During 2022/23 the IJB was chaired by Michelle McClung as appointed by NHS Forth Valley with Vice Chair Councillor Fiona Collie appointed by Falkirk Council.

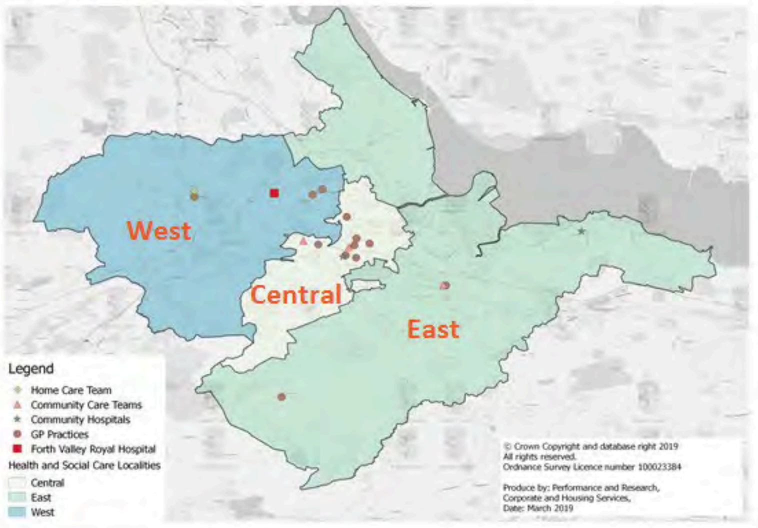
The scope of the health and social care services delegated to the IJB is outlined in the *integration scheme* (a legal document, subject to Ministerial approval, which sets out the specific services involved and how they will be planned, resourced, and operationally delivered by the IJB). During 2022/23 this included Adult Social Work services, Integrated Learning Disability services, Integrated Mental Health services, District Nursing, Allied Health Professionals, Community Hospitals and administrative staffing within a healthcare setting. In addition, operational responsibility and strategic planning for other services referred to in the integration scheme, including Health Improvement, medical staff for relevant specialties and Primary Care, transferred to the IJB from NHS Forth Valley during 2022/23, while responsibility for Mental Health transferred to Clackmannanshire & Stirling IJB.

Strategic Planning

A key statutory duty of the IJB is to develop a 3-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities. As part of this work, the IJB has implemented a locality planning structure, comprised of 3 distinct geographic areas to ensure that the overall Strategic Plan is accessible and responsive to the needs and unique circumstances of our local communities across East, West and Central Falkirk (see figure 1 below).

Community empowerment and engagement is key in this respect and the IJB works closely with a range of stakeholders including Falkirk Community Planning Partnership to ensure service developments are consistent with their Local Outcomes Improvement Plan (LOIP) and Falkirk Council Housing Services to determine and influence housing requirements at locality level.

Figure 1 - Falkirk IJB Locality areas


West
Central
East
Legend
Home Care Team
Community Care Teams
Community Hospitals
GP Practices
Forth Valley Royal Hospital
Health and Social Care Localities
Central
East
West
© Crown Copyright and database right 2019
All rights reserved.
Ordnance Survey Licence number 100023384
Produce by: Performance and Research,
Corporate and Housing Services,
Date: March 2019

The IJB also consults and maintains established forums with carers and the third and independent sectors.

The current Strategic Plan covers a 3-year period from 2023 to 2026 and was approved by the IJB on 31 March 2023. The plan sets out how adult health and social care services will be delivered in Falkirk over the medium term to deliver the national outcomes for health and wellbeing. In developing the Strategic Plan, a Strategic Needs Assessment was produced to provide an understanding of the health and care needs of the local population.

The main issues detailed within the Strategic Plan are:

- There is an ageing population within the Falkirk area, with current projections expecting an 80% increase in the 75+ population between 2018-2043, which will likely lead to an increase in demand for health and social care services;
- Ongoing housing, deprivation, and cost of living pressures within the Falkirk area are likely to contribute to a decrease in overall health.
- An increasing number of drug-related deaths and drug and alcohol related hospital admissions;
- The Covid-19 pandemic has had profound effect on social care services with

some services struggling to keep up with demand; and

- Decreased staffing levels and challenges in recruiting and retaining staff in social care roles continues to add additional pressure.

To respond to these challenges, the IJB has set 4 priorities for the period which will be backed by 3 workstreams as detailed below.

The 4 Priority Areas:

A high-level delivery plan was developed in February 2023 which identifies actions that align with the current priorities. The vision and outcomes remain unchanged from the previous Strategic Plan and the major change is in terms of priorities.

These now include 4 strategic priorities and 3 cross-cutting priorities.

Strategic Priorities

Community-based services

Services will be enhanced to improve the ‘flow’ of patients through hospital settings, prevent admission, and promote independent living.

Accessible care

Improve the way people access services – enabling everyone to access the right care, at the right time, in the right place.

Early intervention & prevention

Minimise the harm of long, term health conditions, ill, mental health, substance use, or neglect through early action.

Carer support

Assist, inform, and empower unpaid carers to manage their caring role and have a fulfilled life outside of caring**.** **Workforce**

Recruitment, retention, and celebration of staff across all services.

Workstreams **Technology**

Explore new ways of helping people and delivering services.

Communication

Improving engagement, feedback opportunities, and signposting info.

2022/23 Operational Performance

In financial year 2022/23 the IJB continued to focus on remobilisation and recovery

in response to the longer-term impact of the Covid-19 pandemic within the health and social care sector. In addition, the current cost of living crisis and the war in Ukraine has had a major impact on the UK economy, which in turn has impacted on the financial sustainability within the health and social care sector.

Falkirk Alcohol & Drug Partnership (ADP)

The Scottish Government published the Drug Deaths Taskforce's recommendations for the Medication Assisted Treatment (MAT) Standards in May 2021. The MAT Standards are intended to help reduce drug related deaths, and other harms and to promote recovery. The MAT Standards were developed through extensive consultation with multi-agency partners that deliver care, and, with the individuals, families, and communities with lived experience of substance use.

There are ten MAT Standards and an implementation report for standards 1-5 was submitted to the Scottish Government in April 2023. This report details the huge amount of work which has been undertaken across Forth Valley during 2022/23 by a range of partners, to embed these standards into the ADP treatment system. This is a significant milestone and will serve as a foundation for future development and implementation of subsequent standards. A steering group oversees the progress of delivering the MAT Standards and is chaired in rotation by Falkirk ADP and Clackmannanshire & Stirling ADP.

As part of the monitoring of the MAT Standards implementation, the ADP support team will meet with the IJB Chief Officer and the Minister for Drug & Alcohol Policy in May 2023 to discuss progress and possibilities.

Recommissioning of the Third Sector Drug & Alcohol Treatment Service Provision

The ADP works closely with a range of providers across the public sector and third sector to deliver a recovery oriented system of care for people in Falkirk and the Forth Valley. The current contract for the third sector provision for the delivery of alcohol and drug treatment service has entered the first of a potential two-year extension as of October 2022.

To ensure inclusive and open commissioning, Falkirk ADP has entered into a Commissioning Consortium with Clackmannanshire & Stirling ADP, who will lead work to develop the new contract. The process will ensure providers, stakeholders, and people with lived and living experience of substance use are consulted and engaged as part of the process.

The aims of the Consortium are to implement a new contract and associated model of care by the end of the extension period. The Consortium will also be reviewing the service provided to date, including any relevant needs assessments which will influence the redesign of the model of care. Progress of the Consortium will be monitored by the respective ADPs and reported through relevant governance channels.

Falkirk Community Hospital Masterplan

Significant engagement has been undertaken over the last nine months in the development of the master planning and Strategic Assessment. The work has been undertaken with a range of stakeholder groups including significant input from members of the Strategic Planning Groups of both IJBs. This Strategic Assessment looked at the range of services currently provided, including ophthalmology, speech and language therapy, sexual health, dental services, psychology, audiology, podiatry, mental health support and inpatient facilities, as well as exploring future healthcare needs across the area.

In response to new national planning arrangements for capital projects recently introduced by the Scottish Government, the next step for the master plan project will be the development of an Initial Agreement. This will now be integrated into a Whole

System Plan for the Forth Valley area. A series of projects will be aligned in a new long-term planning approach for health and care services across Falkirk and wider Forth Valley area.

Cunningham House

Cunningham House provides quality residential care for 20 people living with dementia. A project proposal was presented to staff, families, and residents on the future use of Cunningham House to create a new rehabilitation care facility, offering a support option currently unavailable in the Falkirk area. This will happen gradually, with Cunningham House providing care for current residents for as long as they need to call it home. This approach enables residents to remain within their home and benefit from new co-located services which provide more support options, staff, knowledge, and expertise.

Moving to a rehabilitation model, the home will begin to offer physiotherapy, occupational therapy, and other specialist support from Allied Health Professionals.

The proposal is part of a range of measures which are designed to help relieve pressure on local hospitals and support people to live independently within their community.

In the shorter-term, residents of Cunningham House will benefit from adapted facilities, including new gym facilities, equipment, and staff expertise. The staff at Cunningham House have a wealth of experience and will help shape the future of the home and support residents through this change.

Acknowledging the future needs of residential dementia care, investment will also be made to support local care homes to increase overall capacity. The proposed changes will retain the existing staff knowledge and expertise at Cunningham House, while also creating additional jobs and rehabilitation support. Any changes to the building, and the services offered, will ensure the homely environment and high-quality of care is protected for current residents for as long as they require specialist dementia care.

Health Inequalities and Wellbeing Fund

The Health Inequalities and Wellbeing Fund aims to develop community-based services and projects that minimise health and social inequalities and improve people's health and wellbeing. This funding programme was developed by representatives from the HSCP, Falkirk Council, and CVS Falkirk. The total value of the fund is £772,402.

This fund supports two key priorities; health and social inequalities and health and wellbeing, with applicants supporting at least one priority. This fund is open to community groups, third sector groups, and statutory organisations. They could apply for up to £25,000 per annum for a two-year period as the fund is non-recurring and is to be spent by March 2024.

During two competitive rounds of applications, 40 applications were submitted to the Health Inequalities and Wellbeing Fund with a total grant value of almost £1.4m (£1,390,550). The panel, made up of representatives from Falkirk HSCP, Falkirk Council, CVS Falkirk, and Forth Environment Link, assessed the applications and recommended approval for 23 projects with a total grant value of £741,266.

Winter Planning

A whole system Winter Plan brought together the operational winter plans for the HSCPs, Acute services, Women and Children's service, and Primary Care. The health and social care system in Forth Valley is under significant and sustained pressure from urgent and unscheduled care demand. The Winter

Plan summarises the actions already underway to improve capacity and flow across the Forth Valley.

In addition, the Winter Plan addressed the anticipated additional pressures associated with the winter period, which included the following:

- Managing the additional demand from increased exacerbation of respiratory conditions in the winter period;
- Preparing for the potential impacts of Covid-19, flu, RSV, and Norovirus;
- Delivering the winter vaccination programme to eligible Forth Valley residents and health and social care staff;
- Preparing for the impact of winter weather;
- Ensuring availability and continuity of services during the festive fortnight and the two weeks following it; and
- Maintaining planned care capacity throughout the winter period

Non-recurring funding of £528,000 was allocated to Forth Valley to support increased winter capacity and preparations for winter. A process, which has been established locally in previous years, has taken place to prepare and prioritise potential funding proposals which meet criteria for improving capacity and flow across the system. Activities funded in Falkirk include:

- Continuation of the third sector “Hospital to Home” initiative;
- Purchase of additional equipment for JLES to ensure stock levels are robust over the winter period;

- Incentivising external providers to expand their assessment capacity to accelerate the roll out of “Prescribing Proportionate Care”; and
- Additional capacity to provide training to care staff on rehabilitation ethos and skills, small equipment provision and awareness of mobility issues to support the reablement of service users and reduce long term dependence on care services.

Liquidlogic for Adult Services

The new assessment and management recording system, Liquidlogic for Adult Services (LAS) and for Justice Services (JUS) went live on Monday 13 June 2022.

This has been a significant area of work for Falkirk Council and staff in Adult Social Work Services. There are several positive developments within the new system, including the introduction of outcome-focused assessment practice which replaces the Single Shared Assessment. This ensures good conversations with service users and their carers take place and clear personal outcomes are agreed.

The financial system ContrOCC is now fully integrated with LAS, which is providing a clearer overview of the budgets for team managers. This means that support plans are fully costed when submitted for approval, with each element of the support plan clearly linking back to the personal outcomes to be achieved.

The support with implementation has included development of guidance and a series of drop-in sessions to support staff with the transition from Social Work Information System (SWIS) to LAS. Given LAS shifts the focus of assessment and care planning from meeting needs to achieving outcomes, we identified a mixed level of training needs from the outset of implementation. As such, we have ensured ongoing individual support for staff and teams to ensure the new model is fully embedded.

Care at Home Systems

CallConfirmLive! is an electronic time recording and scheduling system for Care at Home services from the Access Group (known locally as CM2000). Every week, the system schedules 8,000-9,000 visits for the in-house Care at Home service and securely shares appropriate information with a remote workforce of over 250 staff to

ensure that they receive the information they need to deliver a high standard of care.

The Care at Home Systems team implemented a comprehensive technology rollout,

which involved equipping the staff carer group with new mobile phones and

conducting one-to-one or small group training sessions with the carers. During these

sessions, the team demonstrated the use of the Council’s OLLE online learning

platform, how to access their MyView staff record, and the most up to date CM

Mobile app which provides details for delivering care. Carers were also shown basic

phone functionalities such as setting screen locks, accessing email and MS Teams.

Digital Health and Care Strategy and Programme Board

A Digital Health and Care Strategy is being developed to explain how the Partnership will continue to develop digital services, make better use of technology to support independence, improve digital access, improve digital skills, co-design technology solutions with stakeholders, and make effective use of data.

A Digital Health and Care Programme Board is being established to bring together Digital Health and Care projects and expertise to support and progress the technology initiatives within the Partnership. As a first step, a workshop was held to consult with key stakeholders and consider how the Partnership's use of technology could be developed further to support individuals to meet health and care outcomes and for the service to meet challenges that lie ahead.

Participants of the workshop were enthusiastic about exploring opportunities for innovation and to learn more about digital health and care technologies that could further support the Partnership's strategic goals and help individuals to meet their health and care outcomes.

Living Well Falkirk

The Living Well Falkirk service was developed to provide citizens with information and support to prevent or delay the need for a formal health or social care service.

This not only leads to better health outcomes for individuals but can also reduce the demand for formal healthcare services freeing up resources for those who need them the most.

The Living Well Falkirk digital platform is an effective tool in empowering individuals to take control over their own health and well-being. The prevention focused approach provides individuals with the knowledge and support they need to manage their health.

In October 2022 the Living Well Centre re-opened to residents from the East Locality after a period of closure due to Covid-19 restrictions. In April 2023 it was opened to residents from the West Locality and it is anticipated it will be available to people from the Central Locality from autumn 2023. The centre provides an environment for individuals to receive support from a staff member to view, try and borrow or receive advice on purchasing suitable equipment and adaptations.

A Living Well Falkirk online course was developed and made available to the workforce via Falkirk Council’s OLLE platform. The course is designed to be accessible and user friendly. It covers the basic approach of the platform, the importance of early intervention and prevention and the ways in which Living Well can be used to support individuals in managing their health.

By promoting a deeper understanding of the Living Well platform the course aims to create an informed workforce ready to promote the platform more widely and encourage individuals to take advantage of the resources and support it provides. Ultimately, this can lead to better health outcomes, reduced demand for formal healthcare services and healthier, more empowered citizens in Falkirk.

Primary Care Improvement Plan (PCIP)

The purpose of the PCIP is to establish multidisciplinary teams to release GP capacity to focus on specialised areas and to make general practice more sustainable. PCIP has been implemented over a number of years supported by Scottish Government Funding. 2022/23 should have been the final year of this development however the programme is not complete and funding challenges require to be resolved to allow full implementation.

The PCIP has further progressed over the year to see 198 of 208 planned posts across Forth Valley general practices. The additional workforce and capacity that is being delivered to the practices and patients of Forth Valley includes around 6,000 available appointments and more than 6,500 medicines related activities provided weekly by Pharmacotherapy, Community Treatment and Care, Urgent Care, Mental Health, and Advanced Physiotherapy Practitioners.

Performance

The Falkirk Health & Social Care Partnership uses a Forth Valley-wide Performance Management Framework to monitor its progress. Regular performance updates are provided throughout the year to the Integration Joint Board. The Partnership also publishes an Annual Performance Report as required by the Public Bodies (Joint Working) Regulations 2014.

Scotland’s Health and Social Care Partnerships are required to publish annual reports by 31 July each year under the Public Bodies (Joint Working) Regulations 2014. The latest report can be accessed from Falkirk Health & Social Care Partnership website.

The Partnership’s Annual Performance Report highlights the complex and challenging environment of health and social care. It includes examples of the real impacts and positive outcomes made possible by the efforts of Falkirk’s health and care services in the past year, made possible by the commitment, resilience, and professionalism of our workforce and partners, including carers and volunteers.

The Partnership reports progress against the suite of national integration indicators.

This enables us to understand how well our services are meeting the needs of

people who use our services and communities.

Indicators 1-9 are populated by the bi-annual Health and Care Experience

(HACE) Survey. The most recently available data for these indicators is for

2021/22. Indicators 11-20 are in the main populated from the Scottish Morbidity

Records (SMRs) which are submitted from local Health Boards to Public

Health Scotland (PHS). Our latest performance for the indicators that have been

updated this year (11 to 19) is set out in the following ‘Performance at a glance’ table.

Performance at a glance:

indicator summary

From the 9 indicators updated this year:

- indicator where Falkirk **compares well** to Scotland. 1
- indicators where Falkirk is **similar to** Scotland. 2
- indicators where Falkirk **does not compare well** to national average. 6

2022 performance has decreased, including:

- Falkirk, 7 of 9 indicators seen a decrease in performance • Scotland, 5 of 9 indicators seen a decrease in performance

No. Performance Data Indicator National NI-11 473 per 100,00 Premature mortality rate per 442 per

100,000 persons. 100,00

NI-12 14,769 admissions per 100,000 Emergency admission rate 2020 11,155 per

100,000

NI-13 130,429 bed days per 100,000 Emergency bed day rate 2020 113,134 per

100,000

NI-14 142 per 1,000 Readmission to hospital within 102 per

28 days – rate per 1,000 1,000 population, 2020.

NI-15 88.8% Proportion of last 6 months 89.3%

spent at home or in a community

setting 20202

NI-16 25.4 falls per 1,000 Falls rate per 1,000 population 22.2 per

aged 65+, 2020 1,000

NI-17 79.5% Proportion of care services 75.2%

graded good or better in Care

Inspectorate Inspections, 2020

NI-18 62.6% Percentage of adults with 63.5%

intensive care needs receiving

care at home, 2020

NI-19 1,386 per 100,000 Number of days people spend in 919 per

hospital when they are ready to100,000

be discharged, 2020

Compares well is defined as Falkirk rate is 2% better than Scotland.

Does not compare well is defined as Falkirk rate is not within 2% of Scotland rate.

Similar is defined as Falkirk rate within 2% of Scotland rate.

Notes on Indicators 1-9

There are no updates to indicators 1-9 (Health and Care Experience Survey). The next update will be released in 2024.

Notes on Indicators 11-20

Use of Proxy 2022/23 financial year data for indicators 11, 12, 13, 14, 15 and 16

Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships.

2022/23 Financial Performance

The IJB reported total income of £273.371m for financial year 2022/23 (an increase of £19.388m compared to the previous year) which comprised of £233.527m in respect of the integrated budget and £39.844m relating to set aside. This compares to total expenditure of £281.595m incurred during the year (an increase of £46.665m relative to 2021/22) which comprised of £241.751m in respect of expenditure on integrated services and £39.844m relating to set aside. As a result, a deficit of £8.224m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2023. The position includes movement on reserves of which £10.978m relates to Covid-19 funding returned to the Scottish Government. Ongoing delays to planned expenditure during the year have led to a slight increase in other reserves being carried forward into financial year 2023/24. In line with previous years, NHS Forth Valley directly managed the overspend against the set aside budget totalling £4.431m. No risk sharing arrangements were required in respect of the integrated budget.

During the course of the year the following performance issues were reported and

are summarised in the reconciliation below:

- **Large Hospital Services/Set Aside** – ongoing service pressures within A&E

  and various inpatient specialties (including general medicine, rehab, and mental health) due to increased demand and case mix complexity/ length of stay, together with additional nursing and locum costs in order to maintain safe staffing levels. There are similar pressures across the whole health and social care system and a number of improvement actions are being undertaken.

- **Social Care** – significant financial and operational service pressures are being

  reported in relation to residential and home care. This reflects ongoing demand combined with short staffing issues across both internal and externally provided services (due to Covid-19, recruitment challenges and cost of living impact on workforce). The number of people currently waiting for packages of care remains high, although there have been recent improvements from new providers and a new recruitment campaign to recruit staff to increase capacity. These pressures are offset by assessment and care planning team vacancies and vacancies across several other areas together with non-recurring savings within respite and day care services.

- **Primary Healthcare** – the overspend position is largely reflective of pressures

  within Primary Care Prescribing, partly offset by an underspend against the Out of Hours service linked to challenges covering out of hour rota requirements. With respect to Primary Care Prescribing, both volume and cost per item have increased. The cost per item is linked to short supply issues and the impact of the war in Ukraine and the cost-of-living crisis.

- **Community Healthcare** – the favourable financial position includes the impact of ward closures at Falkirk Community Hospital (FCH) due to fire risk issues together with staff turnover / vacancy savings across several services. These underspends mask pressures within JLES, the district nursing service and complex care.

A reconciliation of the overall 2022/23 financial position to the Comprehensive Income and Expenditure Statement is presented below:

2022-23 £000s

Reconciliation to Comprehensive Income & Expenditure Statement (CIES)	**Budget**	**Expenditure**	**(Underspend)/ Overspend**
Large Hospital Services	39,844	44,275	4,431
Community Healthcare Services	48,083	43,997	(4,086)
Social Care Services	108,691	106,800	(1,891)
Primary Healthcare Services	83,524	86,061	2,537
Covid	15,401	4,423	(10,978)
IJB Running Costs	442	470	28
	295,985	**286,026**	**(9,959)**
NHS Funding Reduction: SG Covid Return	(10,978)	0	10,978
Set Aside managed directly by NHS Forth Valley	0	(4,431)	(4,431)
TOTAL	**285,007**	**281,595**	**(3,412)**
Reserve adjustments included in budget figures above			
Covid funds returned to Scottish Government	-10,978	0	10,978
Community Healthcare Services transfers to reserves	-3,915	0	3,915
Primary Healthcare Services transfers to reserves	-247	0	247
Social Care transfers to reserves	3,504	0	(3,504)
	(11,636)	**0**	**11,636**
REVISED TOTAL AS PER CIES	**273,371**	**281,595**	**8,224**

Covid-19

During 2022/23, £10.978m of Covid-19 funding previously provided by Scottish Government to meet all additional costs was retracted.

Expenditure of £4.423m relating to Covid-19 was incurred during the year and met from remaining Scottish Government Covid-19 funding.

Reserves

A commentary on the key reserve movements is presented below (detailed information is reported under note 9).

Closing reserve balances decreased by £8.224m to £28.829m as at 31 March 2023. This decrease includes £10.978m of Covid-19 funding returned to the Scottish Government during the year. Ongoing delays to planned expenditure during the year have led to a slight increase in other earmarked reserves being carried forward into financial year 2023/24.

Contingency reserves have been increased by £1.104m to £2.050m to maintain a level of contingency in line with the reserves policy of 0.75% of the overall IJB budget. These funds will help to protect against future uncertainties and risks given current financial risks and uncertainties such as the cost-of-living crisis, widespread pressures on public spending, increased demand and cost pressures within home care services, and pressures within the healthcare system such as rising demand and cost of prescribed medicines as well as pressure on beds within hospitals.

In total, contingency, bad debt provision and general reserves of £5.769m are noted as at 31 March 2023, an increase of £3.412m during 2022/23. This increase relates mostly to underspends on Community Healthcare Services and Social Care services mainly caused by the closure of wards at Falkirk Community Hospital and ongoing vacancies within Social Care Services as outlined above. Plans are underway to realign budgets and utilise underspends in these areas to support other services.

As illustrated in note 9, the vast majority of the £28.829m balance represents earmarked reserves. These balances are held to fund specific projects or earmarked future commitments as part of the IJB’s Strategic Plan and are expected to be fully utilised during 2023/24.

Forward look 2023/24

Remobilisation, recovery, and redesign of services will continue to be a key feature of financial year 2023/24 driven not only by the need for post Covid-19 recovery but also by public sector financial sustainability concerns that necessitate change – the status quo is not an option. A Transformation Board will drive forward transformation programmes and projects in line with the Strategic Plan.

The updated Medium Term Financial Plan was approved on 31 March 2023 covering financial years 2023/24 to 2026/27. The plan details an expected funding gap throughout this period, the expected ongoing financial pressures, and the proposed savings delivery in order to achieve a balanced budget.

The expected funding gap before savings delivery is set out in the table below:

Projections	**2023/24**	**2024/25**	**2025/26**	**2026/27**
	£m	**£m**	**£m**	**£m**
Expenditure	281.566	286.268	290.806	295.497
Funding	(268.073)	(270.786)	(273.574)	(276.440)
Shortfall	**13.493**	**15.482**	**17.232**	**19.057**

A number of assumptions have been used in the projections, including pay and social care provider uplifts, inflation rates and expected demographical changes.

It’s clear from the table that Falkirk IJB and its partners are facing an extremely challenging financial future with expectations of significant change in demographics leading to growing demand and increasing costs. This comes at the same time as an expected reduction in real terms of the financial envelope within which to deliver services.

IJBs were established as agents of change and improvement, with an expectation that plans would be put in place to improve the health and wellbeing of the local population. One of the aims of integration is for the financial resources of the IJB to no longer be seen as separate social work and health budgets and instead to use the total resources available to meet the health and social care needs of the people of Falkirk. To achieve this, and deliver the Strategic Plan, money will have to move to support new models of care.

A savings programme has been identified for financial year 2023/24 which includes the use of £2.829m non-recurring funds from reserves. However, as non-recurring savings provide only a short-term solution, longer term solutions will require to be developed and work is continuing to identify service delivery changes that will deliver a sustainable financial position over the coming years.

In terms of the medium-term financial plan approach to Reserves, the current working assumptions are:

- Contingency reserves will be maintained at the current level throughout the medium-term financial plan period;
- Unallocated general reserves will be used to address savings gaps within the annual budget setting process on a short-term basis. Such reserves are non-recurring in nature and it is likely that substitutionary recurring savings will require to be identified in the longer term, in order to maintain financial stability. The use of unallocated general reserves is therefore a temporary holding position while longer term plans are developed and executed;
- Earmarked reserves within the “Partnership Funds” umbrella, (Dementia Innovation Fund, Carers Act and Mental Health Strategic Commissioning) will be managed through separate workstreams,

with defined objectives, clear governance processes and regular reporting to ensure expenditure is restricted to available resources, with any excess funds carried forward for use in the following year. A similar management process will apply to other managed areas including Primary Care Improvement Plan and Leadership Funds, (set up to enable effective and timeous allocation of resources to respond to need, effect action, increase pace of change and improvement within key priority areas aligned with the Strategic Plan);

- This leaves a handful of sizeable “Other Reserves” which are a combination of one-off reserves and recurring funding allocations, not yet mainstreamed. These are considered below and form a key tenet of delivering the Strategic Plan. Regular updates on the use of these funds have been reported to the IJB Board during 2022/23. These funds will be mainstreamed into core budgets once developments become business as usual.

Other Reserves

Winter **Recurring Scottish Government funding of £3.506m plus**

at Home These funds are used to support the Home from Hospital
Funding Pressure Care
brought forward reserve funding of £1.758m from 2021/22.
Partnership,
the Home from Hospital Reablement contract, additional social work assessment staff, temp (Agency) Care at Home staffing, recruitment and IJB promotional activity over the winter period, Independent Sector Lead additional capacity, Home from Hospital transport costs and temporary increased rates for Care at Home Providers to deliver increased capacity, (to 31 March 2023 currently). This will also form part of the overall Care at Home resource mix when reviewing both internal and external service provision. Other proposals to utilise the balance of funding are currently being developed, in line with the aims and objectives of the Strategic Plan.

Winter **Non-recurring resource of £1.704m was available during**

Interim Care
This has been used to provide interim care beds to alleviate bed **Funding Pressure 2022/23.**
blockage pressures at Forth Valley Royal Hospital and to support a shift to a *Discharge to Assess* model. Market engagement has occurred at various points throughout 2022/23 and residual funds will be required to support interim bed placements in 2023/24 in the absence of any new/ recurring funding. Exit strategies from interim care beds will be required as funds deplete.

Support 2022/23 however Scottish Government advised 2022/23
recurring funding would be reduced where brought forward **Worker**
reserves were available. This funding has been earmarked **Funding**
towards Macmillan Health Care Support Worker End of Life Care
Service, Complex Care and Community Nursing Service **Pressure**
There were also non-recurring funds available at the start of **Healthcare**
Winter Recurring funding of £0.850m.
staffing. There has been some additional healthcare
support worker recruitment and the residual balance and
options are currently being explored, in line with the
Strategic Plan, to utilise remaining funds.

Pressures – Commitments include Adults with Incapacity assessments,
Multi-Winter Recurring funding of £1.131m. Disciplinary
treatment room nursing, district nurse staffing, nurse practice
Funding
include Career Start GPs and Care Home Liaison. Proposed
pr developments exceed available funding and will require **Teams (MDT)**
io development and complex care staffing. Other proposals
rit
isation to remain within the available funding envelope.

Staffing

Plans have been developed to tackle social worker recruitment **Funding Social Work Recurring funding of £0.622m.**

and retention challenges. Once approved, the full funding will be committed with the exception of £0.040m which has been proposed for release towards efficiency savings and the 2023/24 funding gap.

Sustainability

The IJB monitors and reports on Greenhouse Gas Emissions via Falkirk Council's Public Bodies Climate Change Duty Reporting (PBCCDR), as much of the IJB estate is owned and operated by the Council bringing those emissions within the scope of Falkirk Council's emissions. A separate IJB PBCCDR is prepared and submitted with information relevant to the IJB such as financial and governance information; however, the greenhouse gas emissions reporting and carbon reduction projects information is reported through Falkirk Council's PBCCDR. Previous reports can be

found via sustainablescotlandnetwork.org .

Conclusion

2022/23 was another unprecedented year as the local health and social care system emerged from the Covid-19 pandemic and faced new uncertainties due to the war in Ukraine and the cost-of-living crisis. Our Health and Social Care staff have continued to show tremendous resilience in the face of new and ongoing challenges, continuing to deliver services to our most vulnerable people, often in difficult and challenging circumstances. This has been recognised by our service users, patients, carers, communities, partners and the IJB Board members and elected members. The pressures on public finances will continue to demand further change, innovation, and service redesign.

It is clear that our local response has reinforced the tangible benefits of integration and collaborative working and we look forward to building on this in 2023/24 and

beyond.

Where to Find More Information

If you would like more information, please visit our website at: www.falkirkhscp.org

Fiona Collie

Chair

Patricia Cassidy

Chief Officer

Steven Kirkwood

Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance Officer.

- Manage its affairs to secure economic, efficient, and effective use of resources and safeguard its assets.

- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).

- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the

Integration Joint Board Audit Committee on 15 September 2023.

Signed on behalf of the Falkirk IJB

Fiona Collie

Chair

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB’s Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation; and
- complied with the accounting code (in so far as it is compatible with legislation)

The Chief Finance Officer has also:

- kept proper accounting records which were up to date; and
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Falkirk Integration Joint Board as of 31 March 2023 and the transactions for the year then ended.

Steven Kirkwood

Chief Finance Officer

Remuneration Report

Introduction

The Remuneration Report discloses information relating to the remuneration and pension benefits of specified IJB members and staff in accordance with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.

The information provided in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Membership of the IJB in 2022/23

Membership of the IJB is comprised of 6 voting members (3 elected members appointed from Falkirk Council and 3 Non-Executive Directors appointed from NHS Forth Valley). The Chair and Vice Chair of the IJB are appointed for a 2-year term by the constituent authorities of Falkirk Council and NHS Forth Valley on a rotational basis.

During financial year 2022/23 the IJB voting Membership of the IJB was as follows:

NHS Forth Valley

Gordon Johnstone, Non-Executive Member of Forth Valley NHS Board

Stephen McAllister, Non-Executive Member of Forth Valley NHS Board**

Dr Michele McClung, Non-Executive Member of NHS Forth Valley Board (Chair)**

Falkirk Council

Councillor Cecil Meiklejohn * until May 2022

Councillor Fiona Collie (Vice Chair)**

Councillor Anne Hannah * from June 2022

Councillor Stacey Devine * from June 2022 until March 2023

Councillor Jim Flynn * appointed March 2023

** On 30 April 2023 Councillor Fiona Collie was appointed as the new Chair and

Stephen McAllister, Non-Executive Member of Forth Valley NHS Board, as the new

Vice Chair.

Remuneration: IJB Chair and Vice Chair

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse

the relevant partner organisations for any voting board member costs borne by the

partner. Neither the Chair or Vice Chair of the IJB received additional remuneration

or taxable expenses.

The IJB does not have responsibilities, either in the current year or in future years,

for funding any pension entitlements of voting IJB members. Therefore, no pension

rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that a Chief Officer must be appointed on a formal secondment basis to the IJB through the employing partner (in this case the employing partner is Falkirk Council). The employment contract for the Chief Officer will therefore adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer’s employment are approved by the IJB.

Chief Finance Officer

The tables below identify a change in Chief Finance Officer during 2022/23. The new Chief Finance Officer was appointed on 25 May 2022 on a formal secondment basis to the IJB through the employing partner (in this case the employing partner is NHS Forth Valley).

Other Officer

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total Salary, Senior Employee/Full Time Taxable Total Fees & 2021/22 Equivalent (FTE) Expenses 2022/23 Allowances £ £ £ £

Patricia Cassidy

113,345 Chief Officer 118,802 - 118,802

1.0 FTE

Jillian Thomson*

74,597 Chief Finance Officer 3,786 - 3,786

1.0 FTE

N/A Chief Finance Officer 64,517 - 64,517 1.0 FTE **Steven Kirkwood****

187,942 Total 187,105 - 187,105

** Left ** 18 April 2022*

*** Started 25 May 2022*

In respect of officers’ pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However, the IJB is required to fund employer contributions for the current year in respect of the officer time spent on discharging their role on the IJB. The below table presents the IJB’s funding during the year to support officers’ pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer’s own contributions.

Senior

In year Pension For Accrued pension benefits Contribution Difference the year For the As at 31 from March Employee to 31 March year to 31 March 2023 2022 to 2022 March 2023 To Nearest Nearest £ £ £000 £000s

Patricia Cassidy Pension 43,000 4,000 25,503 26,730 Chief Officer Lump 24,000 1,000 1.0 FTE Sum **Jillian** Pension N/A N/A **Thomson*** Chief Finance 15,560 791 Lump Officer N/A N/A Sum 1.0 FTE **Steven** Pension 23,000 5,000 **Kirkwood**** Chief Finance N/A 13,484 Lump Officer 40,000 9,000 Sum 1.0 FTE

Total 41,063 41,005 Lump 64,000 Pension 66,000 9,000

Sum 10,000

** Left 19 April 2022*

*** Commenced 25 May 2022*

Disclosure by Pay Bands

Pay information has not been separately disclosed as all relevant details are already included in the information above.

Exit Packages

There were no exit packages in relation to the Falkirk IJB in 2022/23 or the previous financial year.

Fiona Collie

Chair

Patricia Cassidy

Chief Officer

Annual Governance Statement

As specified in the Local Authority Accounts (Scotland) Regulations 2014, the IJB is required to conduct a review of the effectiveness of its internal control systems at least once in each financial year and must also include an annual governance statement as part of the annual accounts. This is consistent with Code of Practice on Local Authority Accounting in the United Kingdom and guidance developed by the Chartered Institute of Public Finance and Accountancy (CIPFA) entitled "*Delivering Good Governance in Local Government: a framework*".

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards and that public money is safeguarded, properly accounted for, and used economically, efficiently, and effectively in order to secure best value.

In discharging these responsibilities, the Chief Officer has established a system of internal control and arrangements for the governance of the IJB’s affairs and the effectiveness of its functions (including risk management). It is recognised that any system of internal control can only provide reasonable and not absolute assurance of effectiveness.

As part of the overall governance arrangements, the Chief Officer also places reliance on the systems of internal control operated by Falkirk Council and NHS Forth Valley (recognising that these systems ensure compliance with both organisations’ policies and procedures and support achievement of each organisation’s aims and objectives, as well as those of the IJB).

The Purpose of the Governance Framework

The governance framework refers to the systems, processes, culture, and values by which the IJB is directed and controlled. The governance framework enables the IJB to deliver its strategic objectives and perform effectively whilst maintaining public confidence in IJB processes and decision making. The governance framework is regularly reviewed to ensure it reflects best practice and new legislative requirements, supporting continuous improvement and better outcomes, whilst striking an appropriate balance between quality and cost.

As part of the overall governance framework, the system of internal control is designed to identify, prioritise, and manage risk to an acceptable level. This includes evaluation of the risk of failure to achieve the IJB’s policies, aims and objectives, the likelihood of those risks being realised and the impact of those risks should they be realised. The system aims to help manage risks as efficiently, effectively, and economically as possible.

The Governance Framework and Internal Control System

The Board of the IJB is comprised of the Chair, Vice-Chair and 4 other voting members. Of the 6 voting members in total, 3 are appointed by NHS Forth Valley and 3 by Falkirk Council. The Board also includes 13 non-voting members, comprised of the Chief Officer, Chief Finance Officer, other Officers appointed by virtue of their professional role including the Chief Social Work Officer, Medical Director, and Director of Nursing, as well as employee representatives, service users, carers and third sector representatives. The IJB is the key decision making body in respect of the planning, resourcing and operational delivery of all integrated health and social care services within its geographical boundary area.

The main features of the governance framework in existence during 2022/23

1. Strategic decision making was governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of delegation, financial regulations, and reserves policy.

2. A code of conduct was in place for all IJB Board members, including a register of interests.

3. The IJB's vision, outcomes and priorities are set out in the IJB's Strategic Plan for 2023-2026, which contributes to the strategic priorities and outcomes contained in the Community Planning Partnership's Local Outcomes Improvement Plan (LOIP) and the national health and well-being outcomes framework.

4. An Audit Committee was in place with a remit which includes risk management, corporate governance and all matters relating to internal and external audit. Terms of reference are regularly reviewed and an annual workplan agreed.

5. The Clinical and Care Governance Committee provided assurance to the IJB on the systems in place for delivery of safe, effective, person-centred care in line with the IJB’s statutory duty for the quality of health and care services. An annual work plan is in place to ensure all key pieces of work are covered.

System of Internal Control

The governance framework operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision, and delegation. During 2022/23 this included the following:

- Financial regulations and codes of financial practice;
- Management information systems and regular monitoring reports, including performance and financial reporting;
- Annual assurance statements prepared by each IJB committee to provide assurance that the committee structure supports delivery of IJB strategic priorities and ensures that operational and strategic risks are being managed effectively.
- Comprehensive budgeting systems and a formal budget setting process.
- Regular reporting to the Audit Committee including internal audit progress reports.

- Regular reporting to Falkirk Council’s External Scrutiny Committee and the Community Planning Partnership.
- Minutes of IJB meetings are submitted to Falkirk Council and NHS Forth Valley; and
- Publication of the IJB annual performance report.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Chief Officer and Senior Management who have responsibility for development and maintenance of the governance environment together with reports by the Chief Internal Auditor and reports from External Auditors and other review bodies as appropriate.

The IJB operates in accordance with Public Sector Internal Audit Standards (PSIAS) which require the Chief Internal Auditor to deliver an annual opinion and report to inform the IJB’s governance statement.

The Chief Internal Auditor reports directly to the Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Finance Officer, and Chair of the Audit Committee on any matter. The Audit Committee agrees a risk based internal audit work plan targeted to the highest risk areas in order to ensure that all proposed audit activity is focussed on key areas and is sufficient in order to provide an appropriate level of assurance.

The annual internal audit and assurance report for 2022/23 has been received which confirms that sufficient internal audit activity was undertaken during the year to allow a balanced opinion to be provided. This included work in relation to the IJB’s Internal Control Environment and identifies improvement recommendations in the following areas:

- Identification of gaps in governance arrangements.
- Annual assurances.
- Risk Management.

- Clinical Care and Governance.
- Workforce.
- Directions; and
- Savings.

An action plan has been agreed with internal audit to progress the 7 improvement recommendations.

The annual internal audit report confirms that reliance can be placed on the IJB’s governance arrangements and systems of internal control for the year to 31 March 2023.

Areas for improvement

The IJB adopts a continuous improvement approach as part of our ongoing effort to enhance our governance arrangements and system of internal control. A number of areas for improvement were identified during 2022/23, and a summary of actions taken is included in the table below.

Area Identified for Improvement	Current Status
Progress with Integration Scheme / MSG Self-Assessment	In 2022/23 there has been progress with the transfers of administrative staff based in community healthcare settings and Medical Staff for relevant specialities. However due diligence remains outstanding for associated budgets and will now be incorporated into the wider due diligence requirement from more recent transfers (below). Operational management of Primary Care, Mental Health and Health Improvement transferred to HSCPs around January 2023 and a new Head of Service for Primary Care and Out of Hours Service manager are in the process of being recruited. Other requirements may arise from the associated due diligence exercise. Baseline set aside activity metrics have not progressed recently and require to be progressed during 2023/24. Provision of corporate support arrangements from both partners will be considered as part of the review of the Integration Scheme.

Risk sharing arrangements have been agreed for 2022/23. Longer term risk sharing arrangements require to be agreed and clearly defined as part of the review of the Integration Scheme.

There has been no progress with the refreshed self-assessment against the Ministerial Strategic Group (MSG) recommendations, prepared in May 2019.

Implementation of the CIPFA Financial Management code

Self-assessment of IJB financial management arrangements against CIPFA recommended standards is underway. The Chief Finance Officer has completed an initial review and assessment and it is now clear the self-assessment will require wider input from senior management and Board members before this can be considered complete.

Area Identified for Improvement	**Current Status**
Audit Committee self-assessment against good practice principles.	This was a 2021/22 annual accounts external audit recommendation. Evaluation against CIPFA’s ‘Good Practice Audit Committees Principles Checklist’ or ‘Evaluation of Effectiveness Toolkit’ to be progressed. The Chief Finance Officer has held initial discussions with internal audit to consider how this exercise can be supported.
Other Internal & External Audit Reviews	Risk Management - Interim RM policy and annual performance report were presented to the Sept Audit Committee. Training requirements, risk appetite and final risk management policy are progressing. Directions – Action Plan is in progress and Directions are issued quarterly, following IJB Board approval however the level of detail recommended in the Internal Audit review is yet to be reached due to capacity challenges that are not likely to abate until the revised management structure is implemented. Resilience & Business Continuity – Internal Audit recommendations and management Action plan were presented to the Sept 2022 Audit Committee. There has been 1 workshop since and further follow up is required. The IJB Medium Term Financial Plan was presented to the March IJB Board Meeting.

Emerging Governance Issues

As noted above, responsibility for a number of services has transferred to the IJB during 2022/23. Due diligence with regard to the service transfers remains outstanding and will be progressed in conjunction with colleagues from NHS Forth Valley and Falkirk Council. Scottish Government has also offered staffing support as a result of NHS Forth Valley being escalated to level 4 due to a number of concerns including integration.

Conclusion and Opinion on Assurance

Subject to the above, and on the basis of the assurances provided, we consider that the internal control environment operating during the reporting period provides reasonable and objective assurance that any significant risks impacting on achievement of the IJBs principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment. These will be supported by action plans going forward.

Fiona Collie

Chair

Patricia Cassidy

Chief Officer

Comprehensive Income and Expenditure Statement

This statement illustrates the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

Gross Expenditure 2021-22 £'000	Gross Income £'000	Net Expenditure £'000	Comprehensive Income & Expenditure Statement	Gross Expenditure 2022-23 £'000	Gross Income £'000	Net Expenditure £'000	Notes
31,079	0	31,079	Large Hospital Services	39,844	0	39,844	
121,923	0	121,923	Community Health and Social Care	155,151	0	155,151	
81,474	0	81,474	Primary Healthcare Services	86,130	0	86,130	
454	0	454	IJB Running Costs	470	0	470	
234,930	0	234,930	Sub-Total	281,595	0	281,595	
(253,983)	0	(253,983)	Taxation and Non-Specific Grant Income	(273,371)	0	(273,371)	5
			(Surplus) or Deficit on Provision of				

(19,053) 0 (19,053) Services 8,224 0 8,224 4

Total Comprehensive Income and

(19,053) 0 (19,053) Expenditure 8,224 0 8,224

There are no statutory adjustments which affect the IJBs application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement presents the movement during the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance will be separately identified from the movements due to accounting practices, if required.

Movement in Reserves During 2022-23

	General Fund Balance	**Unusable Reserves**	**Total Reserves**
	£'000	**£'000**	**£'000**
Opening Balance @ 31 March 2022	(37,053)	0	(37,053)
Total Comprehensive Income and Expenditure	8,224	0	8,224
Closing Balance @ 31 March 2023	**(28,829)**	**0**	**(28,829)**

Movement in Reserves During 2021-22

	General Fund Balance	**Unusable Reserves**	**Total Reserves**
	£'000	**£'000**	**£'000**
Opening Balance @ 31 March 2021	(18,000)	0	(18,000)
Total Comprehensive Income and Expenditure	(19,053)	0	(19,053)
Closing Balance @ 31 March 2022	**(37,053)**	**0**	**(37,053)**

There are no statutory adjustments which affect the IJBs application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive

Income and Expenditure Statement.

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB. Usable reserves may be used to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. Unusable Reserves include reserves relating to statutory adjustments as shown in the Movement in Reserves Statement.

Balance Sheet as at 31 March 2023 Note

31 March 2022 31 March 2023

37,234 Short Term Debtors 29,010

(181) Provision for Bad Debts (181)

37,053 **Current Assets** 28,829 6

0 Short Term Creditors 0 0 **Current Liabilities** 0 7

0 Provisions 0 0 **Long-Term Liabilities** 0

37,053 Net Assets 28,829

(37,053) Useable Reserves: General Fund (28,829) 9

0 Unuseable Reserves 0

(37,053) Total Reserves (28,829)

The audited accounts were authorised on 15 September 2023.

Steven Kirkwood

Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The IJB financial statements for 2022/23 have been prepared on a going concern basis. The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973. In accordance with the CIPFA Code of Local Government Accounting (2022/23), the IJB is required to prepare its financial statements on a going concern basis unless informed by the relevant national body of the intention for dissolution without transfer of services or function to another entity. The accounts are prepared on the assumption that the IJB will continue in operational existence for the foreseeable future.

The IJB's funding from and commissioning of services to partners has been confirmed for 2023/24 and an updated medium term financial plan has been developed covering the period through to financial year 2026/27. Both the 2022/23 outturn position and the forecasts within the medium-term financial plan, demonstrate a clear financial strategy to ensure financial sustainability into the medium to long term.

Funding in respect of Covid-19 related expenditure was provided by Scottish Government in prior years and was carried forward into 2022/23 via IJB reserves. Funding of £4.423m was utilised during 2022/23 while the unallocated balance of £10.978m was returned to Scottish Government. The impact of long-Covid and recovery from service reductions that occurred during the pandemic are now incorporated into the revised Strategic Plan and Covid-19 related costs will no longer be treated separately.

The treatment of unplanned, exceptional costs are considered in the integration scheme and ultimately all additional costs will be met by the IJB’s partners in line with the Integration Scheme. In practice, the options available within the Integration Scheme in terms of projected budget overspends / additional costs have not been invoked in prior years as a risk sharing arrangement has been agreed on an annual basis to ensure that the relevant Partner makes good any overspends. The updated Integration Scheme will formalise these arrangements into a longer-term risk sharing agreement.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.

- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.

- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

- Where debts may not be received, the balance of debtors is written down.

Funding

The IJB is primarily funded through contributions from the statutory funding partners, Falkirk Council and NHS Forth Valley. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Falkirk.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a ‘Cash and Cash Equivalent’ figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB’s Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material. The IJB has no contingent liabilities.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable and can be reliably measured. The IJB has no contingent assets.

Reserves

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB has no unusable reserves.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley and Falkirk Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore similar to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, are provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

There were no claims or costs incurred during 2022/23 or the previous financial year 2021/22.

VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid and will seek to recover its full cost as income from the Commissioning IJB.

2. Events After the Reporting Period

In accordance with the requirements of International Accounting Standards 10, events after the reporting period are considered up to the date on which the accounts are authorised for issue. This is interpreted as the date that the accounts were certified by the Chief Finance Officer following approval by the Audit Committee.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified namely:

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts is adjusted to reflect such events.

- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect.

From our assessment we have not identified any material financial impact on the 31 March 2023 financial position.

3. Critical Judgements and Estimation Uncertainty

The critical judgements made in the Financial Statements relating to complex transactions are outlined below:-

- Both partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations’ opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).

- The Annual Accounts contain estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends, and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

- There are no items in the IJB’s Balance Sheet at 31 March 2023 for which there is a significant risk of material adjustment in the forthcoming financial year.

4. Expenditure and Income Analysis by Nature

2021-22	**Expenditure and Income Analysis by Nature**	**2022-23**
£000s		**£000s**
87,860	Services commissioned from Falkirk Council	97,139
146,485	Services commissioned from NHS Forth Valley	183,986
131	Provisions	0

423 Other IJB Operating Expenditure 436

3 Insurance and Related Expenditure 3

28 Auditor Fee: External Audit Work 31

(253,983) Partners Funding Contributions and Non-Specific (273,371) Grant Income

(19,053) 8,224

Other IJB Operating Expenditure relates to shared costs for the Chief Officer, Chief Finance Officer, Senior Service Manager and supporting administration posts plus associated non-pay costs. Equal contributions to these costs are made by the constituent authorities to reflect the costs of running the Integration Authority.

5. Taxation and Non-Specific Grant Income

2021-22	**Taxation and Non-Specific Grant Income**	**2022-23**
£000s		**£000s**
77,703	Funding Contribution from Falkirk Council	89,053
176,280	Funding Contribution from NHS Forth Valley	184,318
253,983		**273,371**

The funding contribution from the NHS Board shown above includes £39.844m in respect of ‘set aside’ resources relating to acute hospital and other resources (£31.079m 2021/22). These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. The funding increase reflects significant investment during 2022/23 in contingency areas, bank and agency staffing and other resources to address deterioration in 4 hour access performance within the emergency department and to address capacity challenges within the Forth Valley Royal Hospital site.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

6. Debtors

2021-22 2022-23

Debtors

£000s		£000s
11,113	Falkirk Council	16,481
25,940	NHS Forth Valley	12,348
37,053		**28,829**

7. Creditors

There are no current year or prior year creditor balances.

8. Provisions

A provision for bad debts in relation to Adult Social Care of £0.181m is included in the 2022/23 accounts (2021/22 accounts £0.181m).

9. Useable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key element of the IJB’s financial risk management framework.

The table overleaf illustrates the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

Balance at 31 **Balance at 31 TRANSFERS OUT TRANSFERS IN March 2022 Reserves March 2023 £000s £000s £000s £000s**

-75 Services for Survivors 120 -98 -53-54 Sensory Strategy 11 -9 -52-421 Dementia Innovation Fund 60 -100 -461-93 Choose Life 8 -24 -109-476 Capital Grant 287 -327 -516

-1,506 Housing Revenue Account 1,665 -1,414 -1,255-2,129 Carers Strategy 1,115 -2,133 -3,147

-174 Self Directed Support 132 -149 -191-737 Covid - Adult Social Care 737 0 0-103 Leadership Funds 874 -1,035 -264-34 MHO Training 0 0 -34-10 Digital Exclusion 8 0 -2-14 Appropriate Adults 29 -29 -14-28 MECS Fire Safety 0 0 -28

0 NEW HSC Grant - Workforce Capacity 431 -622 -191 0 NEW HSC Grant - Cost of Living 1,100 -2,900 -1,800

-5,655 Service Pressures 3,590 -5,836 -7,901-1,950 Partnership Funding 1,719 -945 -1,176

-250 Innovation/Invest to Save 12 0 -238-250 Technology Enabled Care 0 0 -250-60 Locality Development 0 0 -60-772 Health Inequalities & Wellbeing Fund 228 0 -544-92 PC Transformation Funds 0 0 -92-105 Mental Health Innovation Fund 0 0 -105-326 GP Out of Hours Fund 26 -145 -445-53 GP Sub Committees 3 0 -50-102 Action 15 Mental Health Strategy 102 0 0-954 Primary Care Improvement Fund 954 0 0-268 GMS Premises 64 0 -204

-14,664 Covid - Health 14,664 0 0

-569 Community Living Change Fund 0 0 -569-256 Drugs Death Task Force funding 0 0 -256-65 Perinatal Mental Health 0 0 -65-57 District Nursing 57 0 0-12 GP Practice Exclusion Incident Audit 0 0 -12-182 GDS Electric Speed Adjusting Hand Pieces 143 0 -39-100 GDS Ventilation Improvement Allowance 21 0 -79-121 Public Dental Service remobilisation 57 0 -64-99 Emergency Covid Funding For Eating Disorders 0 0 -99-101 Mental Health Recovery & Renewal Phase 2 PDS 59 -76 -118-49 Mental Health Recovery & Renewal Primary Care 31 0 -18-829 FCH Underspend to test new community models of care 0 0 -829-256 Mental Health Recovery & Renewal Psych Therapies 201 0 -55-54 Primary Care Digital Improvement 0 0 -54-24 MH support for those hosptialised with covid 24 0 0-432 Mental Health Premises Improvement 33 0 -399-26 GP Practice Telephony System Funding 0 0 -26-109 Expansion of Buvidal - National Drug Mission 109 0 0

0 NEW PCIP Transitional Payments 0 -171 -171 0 NEW Prescribing HSCP Invest To Save 0 -200 -200 0 NEW Primary Care Improvement Fund 0 -54 -54 0 NEW Primary Care Pay Earmarked Reserves 0 -325 -325 0 NEW Long Covid Support Fund 0 -52 -52 0 NEW Mh Outcomes Framework - General 0 -183 -183 0 NEW Mh Outcomes Framework - Innovation Fund 0 -18 -18 0 NEW Learning Disability Health Checks 0 -54 -54 0 NEW District Nurse Posts 0 -87 -87 0 NEW Global Sum & Correction Factor 0 -24 -24 0 NEW NHS Board Funds (PMS) 0 -28 -28

-34,696 Total Earmarked 28,674 -17,038 -23,060

-946 Contingency Reserve 0 -1,104 -2,050

-1,411 General Reserve 0 -2,308 -3,719-2,357 Total general 0 -3,412 -5,769

-37,053 GRAND TOTAL 28,674 -20,450 -28,829

Further information on some of the less recognisable reserves is provided below:

Partnership Funding & Leadership Funding	This is funding provided by the Scottish Government previously referred to as Delayed Discharge and/or the Integrated Care Fund.
Capital Grant Council	This is funding received as part of the Falkirk Council financial settlement and is tied to private sector housing grants. It is used to fund aids and adaptions to privately owned houses.
Housing Revenue Account Council	This is funding received as part of the Falkirk Council financial settlement and is derived from council house rents. As such it is ringfenced for aids and adaptations within council house properties.

10. Related Party Transactions

The IJB has related party relationships with NHS Forth Valley and Falkirk Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Transactions with NHS Forth Valley

2021-22 £000s	Transactions with NHS Forth Valley	2022-23 £000s
(176,280)	Funding contributions received from NHS Forth Valley	(184,318)
146,485	Expenditure on services provided by the NHS Board	183,986
10,862	Integration Funding passed through to Falkirk Council	13,694
222	Key management personnel: non-voting Board members	230
(18,711)		**13,592**

Balances with NHS Forth Valley

2021-22 £000s	Balances with NHS Forth Valley	2022-23 £000s
25,940	Debtor balances: amounts due from the NHS Board	12,348
25,940		**12,348**

Key Management Personnel: The Chief Officer is employed by Falkirk Council and the Chief Finance Officer by NHS Forth Valley. The cost of the posts are recharged to the IJB and funded via equal contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and the Chief Finance Officer are provided in the Remuneration Report.

Support services were not delegated to the IJB through the Integration Scheme and are instead provided free of charge as a ‘service in kind’. The support services provided by NHS Forth Valley mainly consist of performance management, human resources, financial management, risk management, information services, information technology and payroll.

Transactions with Falkirk Council

2021-22	**Transactions with Falkirk Council**	**2022-23**
£000s		**£000s**
(77,703)	Funding contributions received from Falkirk Council	(89,053)
87,991	Expenditure on services provided by Falkirk Council	97,139
(10,862)	Integration Funding passed through to Falkirk Council	(13,694)
232	Key management personnel: non-voting Board members	240
(342)		**(5,368)**

Balances with Falkirk Council

2021-22	Balances with Falkirk Council	2022-23
£000s		**£000s**
11,294	Debtor balances: amounts due from Falkirk	16,662
11,294		**16,662**

Support services were not delegated to the IJB through the Integration Scheme and are instead provided free of charge as a ‘service in kind’. The support services provided by Falkirk Council mainly consist of governance services, human resources, financial management, information services, risk management, information technology and payroll.

Independent Auditor’s report to the members of Falkirk Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Falkirk

Integration Joint Board for the year ended 31 March 2023 under Part VII of the Local

Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local

Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards

on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2023. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the

preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor’s responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor’s report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or

- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the

wider scope responsibilities specified in the Code of Audit Practice, including those in

respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with

Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pauline Gillen

Audit Director

4th Floor

8 Nelson Mandela Place

Glasgow

G2 1BT

Glossary

While much of the terminology used in this document is intended to be self-explanatory, the following additional definitions and interpretation of terms may be of assistance.

Accounting Period	**The period of time covered by the accounts, which is normally a period of 12 months commencing on 1 April.**
Assets	An asset is categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non current asset will provide benefit for a period of more than one year. The Falkirk Integration Joint Board is not allowed to hold non current assets.
Balance Sheet	This represents the overall financial position of the Falkirk Integration Joint Board at the end of the year. All inter-company balances between the Board and its constituent bodies have been eliminated in preparation of the balance sheet.
Comprehensive Income & Expenditure Statement (CIES)	This statement shows the accounting cost in the year of providing services in accordance with generally accepted accounting practices (IFRS).
Constituent	The Falkirk Integration Joint Board has two constituent authorities

Authorities	which both fund the Board's activities and provide services to the Board. These are NHS Forth Valley and Falkirk Council.
Creditor	Amounts owed by the Falkirk Integration Joint Board for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.
Debtor	Amount owed to the Falkirk Integration Joint Board for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.
Events after the Reporting Period	Events after the Reporting Period are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Should such events occur it may or may not be necessary to adjust the accounts. Guidelines are in place to determine whether an adjustment should be made to the accounts. Events taking place after the accounts have been authorised are not reflected in the financial statements or notes.

Accounting Period	**The period of time covered by the accounts, which is normally a period of 12 months commencing on 1 April.**
General Fund	The General Fund encompasses all services areas and is funded mainly by the constituent bodies or the Scottish Government.
Government Grants	Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the Falkirk Integration Joint Board. These grants may be specific to a particular scheme or may support the revenue spend of the Falkirk Integration Joint Board.
Gross Expenditure	This includes all expenditure attributable to the service and activity including employee costs, expenditure relating to premises and transport, supplies, and services, third party payments, support services and capital charges.
Gross Income	This includes grant income and all charges to individuals and organisations for the direct use of the Board's services.
Liability	A liability is where the Falkirk Integration Joint Board owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors. A long term liability is an amount which by arrangement is payable beyond the next year at some point in the future or to be paid off by an annual sum over a period of time.
Movement in Reserves	This statement shows the movement in the year on the different reserves held by the Board, analysed into usable reserves (i.e.

Statement those that can be applied to fund expenditure) and unusable

reserves.

Net Expenditure
This relates to gross expenditure less gross income and is the amount that needs to be funded by the constituent bodies and the Scottish Government.

Notes to the Core These are intended to give the reader further information which is **Financial** not separately detailed in the financial statements. **Statements**

Provision
An amount put aside in the accounts for future liabilities or losses which are
certain or very likely to occur but the amounts or dates or when they will arise are uncertain.

Related Parties
These are entities or individuals that have the potential to control or influence the Falkirk Integration Joint Board, or to be controlled or influenced by the Board.

Accounting Period	**The period of time covered by the accounts, which is normally a period of 12 months commencing on 1 April.**
Remuneration	All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the money value of any other benefits received other than in cash.
Reserves	The accumulation of surpluses, deficits, and appropriations over past years. Reserves can be either usable or unusable. Usable reserves can be used to fund expenditure. Unusable reserves are accounting adjustments which enable a true and fair view to be determined. Unusable reserves cannot be used to fund expenditure. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the Board.
Revenue Expenditure	The day-to-day running costs associated with the provision of services.

Appendix 2

Falkirk Integration

Joint Board 2022/23 Annual Audit Report – DRAFT

Prepared for Falkirk Integration Joint Board and the Controller of Audit

September 2023

Contents

Key messages 4

Introduction 5

1. Audit of 2022/23 annual accounts 7

2. Financial management and sustainability 11

3. Vision, leadership and governance 15

4. Use of resources to improve outcomes 18

Appendix 1. Action plan 2022/23 21

Key messages

2022/23 annual accounts

1 Audit opinions on the annual accounts of the Board are unmodified.

2
The unaudited annual accounts were provided within the agreed timescale and were of a good standard.

3 Limited progress has been made on prior year recommendations.

Financial management and sustainability

4
The Board has appropriate and effective financial management arrangements in place.

5
The Board had a £8.2 million deficit in 2022/23, largely due to the return of Covid-19 reserves to Scottish Government (£10.9 million).

6 A Medium-Term Financial Plan has been developed but service delivery models must be reviewed to support the identification and achievement of recurring savings.

Vision, leadership and governance

7
The governance arrangements are appropriate and support effective scrutiny, challenge and informed decision making.

8
Climate change arrangements remain the responsibility of the Board's partner bodies.

Use of resources to improve outcomes

9 Appropriate arrangements are in place to secure Best Value.

10 The Board's performance is below the Scottish average in six out of nine areas.

Introduction

1. This report summarises the findings from the 2022/23 annual audit of Falkirk Integration Joint Board (the Board). The scope of the audit was set out in an Annual Audit Plan presented to the June 2023 meeting of the Audit Committee. This report comprises:

- significant matters arising from an audit of the Board’s annual accounts
- conclusions on the following wider scope areas that frame public audit as set out in the *Code of Audit Practice 2021:*
    - Financial management
    - Financial sustainability
    - Vision, leadership, and governance
    - Use of resources to improve outcomes.
- conclusions on the Board’s arrangements for meeting its Best Value duties.

2. This report is addressed to Falkirk Integration Joint Board and the Controller of Audit and will be published on Audit Scotland's website www.audit-scotland.gov.uk in due course.

Audit appointment from 2022/23

3. I, Pauline Gillen, have been appointed by the Accounts Commission as auditor of the Board for the period from 2022/23 until 2026/27. The 2022/23 financial year was the first of my five-year appointment. My appointment coincides with the new Code of Audit Practice which was introduced for financial years commencing on or after 1 April 2022.

4. My team and I would like to thank the Board and Audit Committee members, the Chief Officer, Chief Finance Officer and other staff for their cooperation and assistance in this year and we look forward to working together constructively over the course of the five-year appointment.

Responsibilities and reporting

5. The Board has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The Board is also responsible for compliance with legislation and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

6. The responsibilities of the independent auditor are established by the Local

Government (Scotland) Act 1973 and the Code of Audit Practice 2021, and supplementary guidance and International Standards on Auditing in the UK.

7. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management of the Board from its responsibility to address the issues we raise and to maintain adequate systems of control.

8. This report contains an agreed action plan at Appendix 1. It sets out specific recommendations, the responsible officers, and dates for implementation.

Auditor Independence

9. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the audit fee of £31,470 as set out in our 2022/23 Annual Audit Plan remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

10. We add value to the Board by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, arrangements to ensure the best use of resources and financial sustainability.

- sharing intelligence and good practice identified.

1. Audit of 2022/23 annual accounts

Public bodies are required to prepare annual accounts comprising

financial statements and other related reports. These are principal

means of accounting for the stewardship public funds.

Main judgements

The audit opinions on the annual accounts are unmodified.

The unaudited annual accounts were provided within the agreed timescale and were of a good standard.

We have no significant findings to report on the audit of the annual accounts.

Limited progress has been made on prior year recommendations.

The audit opinion on the annual accounts are unmodified

11. The Board approved the annual accounts for the year ended 31 March 2023 at its meeting on 15 September 2023. As reported in the independent auditor’s report, in my opinion as the appointed auditor:

- the annual accounts give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report was prepared in accordance with the financial reporting framework
- the management commentary and annual governance statement were consistent with the annual accounts and properly prepared in accordance with the applicable requirements.

The unaudited annual accounts were provided within the agreed timescale and were of a good standard

12. The unaudited annual accounts were received in line with our agreed audit timetable on 27 June 2023. The working papers provided to support the audit process were of a good standard and finance staff provided good support to the audit team during the audit. This helped ensure that the audit of the annual accounts ran smoothly.

There were no objections to the annual accounts

13. The Local Authority Accounts (Scotland) Regulations 2014 require local government bodies to publish a public notice on its website that includes details of the period for inspecting and objecting to the annual accounts. This must remain on the website throughout the inspection period.

14. The Board's public notice was published on the Board's website for the duration of the inspection period.There were no objections to the 2022/23 annual accounts.

Overall materiality was assessed as £5.6 million

15. Broadly, the concept of materiality is applied by auditors to determine whether misstatements identified during the audit could reasonably be expected to influence the economic decisions of users of the financial statements, and hence impact their opinion set out in the independent auditor's report. Auditors set a monetary threshold when considering materiality, although some issues may be considered material by their nature. It is ultimately a matter of the auditor's professional judgement.

16. Our initial assessment of materiality was carried out during the risk assessment and planning phase of the audit. This was reviewed and revised on

receipt of the unaudited annual accounts and is summarised in Exhibit 1.

Exhibit 1

Materiality values

Materiality level	**Amount**
Overall materiality	£5.6 million
Performance materiality	£3.6 million
Reporting threshold	£170,000

17. The overall materiality threshold for the audit of the annual accounts was set with reference to gross expenditure, which we judged as the figure most relevant to the users of the annual accounts.

18. Performance materiality is used by auditors when undertaking work on individual areas of the annual accounts. It is a lower materiality threshold, set to reduce the probability of aggregated misstatements exceeding overall materiality. Performance materiality was set at 65% of overall materiality. The extent of estimation and judgements are in relation to specific areas already specifically tested as part of our audit approach.

19. It is our responsibility to request that all misstatements, other than those below our reporting threshold, are corrected, although the final decision on making the correction lies with those charged with governance.

We have no significant findings to report on the annual accounts

20. Under International Standard on Auditing (UK) 260 we communicate significant findings from the audit to the Board, including our view about the qualitative aspects of the body's accounting practices.

21. The Code of Audit Practice also requires all audits to communicate key audit matters within the annual audit report under International Standard on Auditing (UK) 701. These are matters that we judged to be of most significance in our audit of the financial statements.

22. We have no significant issues to report from the audit and there were no identified misstatements in the annual accounts.

We obtained audit assurances over the financial statements audit risks identified in our Annual Audit Plan

23. We have obtained audit assurances over the identified significant risks of

material misstatement in the annual accounts. Exhibit 3 sets out the significant risks of material misstatement to the financial statements we identified in our 2022/23 Annual Audit Plan. It also summarises the further audit procedures we performed during the year to obtain assurances over these risks and the conclusions from the work completed.

Exhibit 3

Significant risks of material misstatement in the annual accounts

Audit risk Assurance procedure Results and conclusions

1. Risk of material • Agreement of balances **Results & Significant**

override of controls
the parent body ledgers were ledger/ correspondence. As stated in International consistent with the Board's • Assurances will be Standard on Auditing (UK) accounts. obtained from the auditors **caused by management** Council and NHS Forth Balances and transactions in Valley financial reports/ **misstatement due to fraud** and transactions to Falkirk **Judgements:**

240, management is in a
Assurances were obtained of Falkirk Council and NHS unique position to perpetrate from the auditors of Falkirk Forth Valley over the fraud because of Council and NHS Forth completeness, accuracy management's ability to Valley and agreed to the and allocation of income override controls that year-end position reported in and expenditure. otherwise appear to be the audited accounts. operating effectively. • Review of significant adjustments at the year-

Audit risk Assurance procedure Results and conclusions

end where we considerYear-end adjustments and

there to be greatest risk of journals were reviewed in material misstatement
each partner audit and no
through management errors identified.

• override of controls. We reviewed financial reports

Review of financial prepared during 2022/23.
monitoring reports during

the year. **Conclusion:** Audit work

found no errors or other

accounting treatment that

would indicate management

override of controls.

24. In addition, we identified an "area of audit focus" in our 2022/23 Annual Audit Plan where we considered there to be a risk of material misstatement to the annual accounts.

25. The area of specific audit focus related to IJB funding. The Scottish Government wrote to all IJBs in September 2022 indicating that it intended to reclaim and re-distribute some IJB reserves which relate to Covid funding. It was anticipated that this would be achieved through a reduction in NHS funding allocations, ultimately reducing NHS Forth Valley's funding contribution to the IJB.

26. Based on the findings of the audit procedures performed, there are no matters which we need to bring to your attention.

Limited progress has been made on prior year recommendations

27. The Board has made limited progress in implementing the audit recommendations identified by Ernst & Young, the Board's previous external auditor. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in Appendix 1.

sustainability Financial management means having sound budgetary processes, and the ability to understand the financial environment and whether internal **2. Financial management and**

controls are operating effectively.

Financial Sustainability means being able to meet the needs of the

present without compromising the ability of future generations to meet

their own needs.

Conclusion

The Board has appropriate and effective financial management arrangements in place.

The Board had a £8.2 million deficit in 2022/23, largely due to the return of Covid-19 reserves to Scottish Government (£10.9 million).

A Medium-Term Financial Plan has been developed but service delivery models must be reviewed to support the identification and achievement of recurring savings.

The 2022/23 budget included planned contributions from reserves to address the funding gap

28. The Board approved its 2022/23 budget of £256 million in March 2022. This included £2.4 million of non-recurring funding to balance the budget. Of this, £1.8 million was provided by Falkirk Council to help the Board meet the ongoing pressures facing the health and social care sector.

29. The Board does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the Board is incurred by partner bodies and processed in their accounting records.

The Board had a £8.2 million deficit in 2022/23, largely due to the return of Covid-19 reserves to Scottish Government

30. The Scottish Government requested the return of any unused Covid-19 reserves during 2022/23. For the Board this has resulted in £11 million being returned through an adjustment to the NHS funding allocation. Criteria was applied to the use of Scottish Government Covid funding and consequently £4.4 million of expenditure was spent against the budgeted figure of £15.4 million.

31. The Board reported outturn expenditure of £281 million against an original budget of £256 million. With increased funding of £17 million, this led to an

overall overspend of £8 million against a budgeted breakeven position (Exhibit

5). Additional in year funding was received for various purposes including winter pressures and pay increases.

32. Overall, cost pressures were managed well by the Board with services reporting an almost break-even position overall, with the exclusion of the Covid fund returned, as explained above. Pressures such as increased demand on prescribing, complex care, equipment, adaptions and social care were offset by underspends caused by a number of factors including slippage in new developments and initiatives, staff turnover and vacancies recruitment issues (e.g. unmet social care).

Exhibit 5

Performance against budget

Board budget summary Original Funding Actual

Budget adjustment Outturn

£m £m £m

Cost of Services 255.922 281.133

NHS Forth Valley 170.853 13.465 184.318

Falkirk Council 85.069 3.984 89.053

Net Funding 0 273.371

Deficit on provision of services	(8.224)
Reserves brought forward	37.053
Total reserves as at 31 March 2023	**28.829**
Contingency Reserves	2.050
Earmarked Reserves	23.060
General Reserve	3.719

Source: Falkirk IJB 2022/23 Annual Accounts

Budget monitoring arrangements are appropriate

33. Senior management and Board members regularly receive and monitor information on the financial position. Detailed finance reports were submitted to the Board throughout the year. These clearly stated the outturn to date, latest budget information and the projected year-end outturn position.

34. We observed that senior management and members receive regular and accurate information on the financial position and have concluded the Board has appropriate budget monitoring arrangements.

Financial systems of internal control operated effectively

35. The Board does not have its own financial systems and instead relies on the financial systems of its partner bodies, NHS Forth Valley and Falkirk Council. As part of our audit approach, we obtained assurances from the external auditors of NHS Forth Valley and Falkirk Council (in accordance with ISA 402) and confirmed there were no weaknesses in the systems of internal control for either the health board or the council that would impact on the Board.

Internal audit concluded that reliance can be placed on the Board's governance arrangements and systems of internal controls for 2022/23

36. The Board's internal audit function is carried out by an internal audit consortium covering NHS Fife, NHS Tayside and NHS Forth Valley. Internal audit has completed their 2022/23 audit work and presented their Annual Audit Report to the June 2023 Audit Committee. The report concluded that reliance can be placed on the Board's governance arrangements and systems of internal controls for 2022/23.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate

37. In the public sector there are specific fraud risks, including those relating to tax receipts, welfare benefits, grants and other claims made by individuals and organisations. Public sector bodies are responsible for implementing effective systems of internal control, including internal audit, which safeguard public assets and prevent and detect fraud, error and irregularities, bribery and corruption.

38. The Board does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We obtained assurance from the partners' auditors that the arrangements in place at Falkirk Council and NHS Forth Valley are adequate.

39. The Board has a Code of Conduct for members and the Registers of Interest are publicly available on the website.

40. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

The Board has developed a medium-term financial plan and savings plan for 2023/24 but service delivery changes are required to ensure longer term financial sustainability

41. Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

42. The Board approved the Medium-Term Financial Plan 2023/24 to 2026/27 in March 2023. The plan forecasts a shortfall in each of these years, prior to the achievement of any savings, increasing to £19 million in 2026/27.

43. The Medium-Term Financial Plan outlines a significant savings requirement of £13.5 million for 2023/24, with additional recurring savings of approximately £2 million required in each subsequent year. The Board estimates that £19 million of savings will be required over the 4-year period.

44. A detailed savings programme has been prepared for 2023/24 to achieve the required £13.5 million of savings. This includes £2.8 million of non-recurring savings from the general fund and other earmarked reserves. The Board recognises that non-recurring savings are a short-term solution to funding gaps and service delivery changes are required to deliver a sustainable financial position over the period of the plan.

Recommendation 1

The Board must review service delivery models to support the identification and achievement of recurring savings to ensure financial sustainability.

3. Vision, leadership and governance

Public sector bodies must have a clear vision and strategy and set

priorities for improvement within this vision and strategy. They work

together with partners and communities to improve outcomes and foster

a culture of innovation.

Conclusion

The governance arrangements are appropriate and support effective scrutiny, challenge and informed decision making.

Climate change arrangements remain the responsibility of the Board's partner bodies.

Governance arrangements are appropriate and support effective scrutiny, challenge and informed decision making

45. In making our assessment of the Board’s governance arrangements we considered the:

- structure and conduct of board and committee meetings
- overall arrangements to ensure appropriate standards of conduct including compliance with the Standing Financial Instructions and Standing Orders
- arrangements for the prevention and detection of fraud, error, bribery and corruption
- reporting of performance and whether this is fair, balanced and understandable.

46. The Board met on a hybrid basis four times during 2022/23, and the Audit Committee met four times. The papers presented to the Board and the Audit Committee are published timeously on the Board’s section of Falkirk Council’s website. Our observations at committee meetings throughout the year has found that these are conducted in a professional manner and there is a good degree of scrutiny and challenge by members.

47. The Board continue to update and refresh its governance arrangements with a review of the Financial Regulations and Scheme of Delegation scheduled for March 2026.

48. The Board is provided with assurances from partner bodies for the financial statements. This includes confirmation of year end balances held with each. This process does not currently include the Board getting formal assurance from the partner bodies over the systems of internal control and governance arrangements at each body. We note that the Board currently gets assurance over governance arrangements in other ways, including, the annual Internal Audit Report, annual Assurance statements from sub-committees and the Risk Management Performance Report but assurance from partner bodies would strengthen the process.

Recommendation 2

The Board should ensure formal assurances received from partner bodies each year, to confirm year end balances, are expanded to include assurance over systems of internal control and governance arrangements at each partner body.

49. Overall, we consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

The vision, strategy and priorities of the Board are clear

50. The Board has a Strategic Plan and Medium-Term Financial Plan in place. These documents outline the current priorities and approach to implementing the plan to deliver them. The existing priorities are as follows:

- Community-based services
- Accessible care
- Early intervention & prevention
- Carer support.

51. As raised in the 2021/22 Annual Audit Report, work remains ongoing to update the Integration Scheme. Longer term risk sharing arrangements require to be agreed and clearly defined as part of the review of the Integration Scheme. The Board should work with Partners to ensure that corporate support arrangements remain adequate and fit for purpose.

Climate change arrangements remain the responsibility of the Board's partner bodies

52. The Scottish Parliament has set a legally binding target of becoming net zero by 2045 and has interim targets including a 75% reduction in greenhouse gas emissions by 2030. The public sector in Scotland has a key role to play in ensuring these targets are met and in adapting to the impacts of climate change.

53. The Auditor General and Accounts Commission are developing a programme of work on climate change. This involves a blend of climate change-specific outputs that focus on key issues and challenges as well as moving towards integrating climate change considerations into all aspects of audit work.

54. The Board as a public body listed in the Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, are required to report annually on compliance with climate change duties. The annual report by the Board highlights that functions of climate change have not been delegated to the Board and remain the responsibility of its partner statutory bodies, Falkirk Council and NHS Forth Valley. The partner bodies climate change arrangements are detailed in the 2022/23 Annual Audit Reports of the respective bodies.

4. Use of resources to improve outcomes

Public sector bodies need to make best use of their resources to meet

stated outcomes and improvement objectives, through effective

planning and working with strategic partners and communities.

Conclusion

Appropriate arrangements are in place to secure Best Value.

The Board's performance is below the Scottish average in six out of nine indicators.

Performance reporting was of a good standard

55. The Management Commentary in the annual accounts should provide information on a body, its main objectives and the principal risks faced. It should provide a fair, balanced and understandable analysis of a body's performance as well as helping stakeholders understand the financial statements.

56. Financial performance is covered within the Management Commentary in the annual accounts, with clear commentary on the financial outturn and the impact that Covid-19 costs and funding had on the 2022/23 outturn and reserves.

57. The Board receives regular performance monitoring reports. These reports ensure effective monitoring and reporting on the delivery of services. Areas that are below target or declining are scrutinised to understand the reasons for this and to ensure that appropriate improvement action is being taken.

58. Performance monitoring reports focus on key performance issues and actions aligned to the Strategic Plan. These reports include a performance dashboard which maps to local outcomes and includes the direction of travel in relation to previously reported positions. Performance exception reports are also included for all indicators with a deteriorating position since the last reporting period or indicators that require on-going monitoring.

The Board has appropriate arrangements in place for securing Best Value

59. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, boards should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

60. The Board has a Strategic Plan, Medium Term Financial Plan, integrated workforce plan and performance reporting in place to support the achievement of its Best Value duties. The annual performance report is the Board's way of demonstrating that it is seeking to secure best value from the resources available as part of its overall strategy as captured in both the Strategic Plan and Medium-Term Financial Plan. A Performance Monitoring Report is also produced to support the Board to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

61. We have concluded that the Board has adequate arrangements in place to demonstrate how it meets Best Value duties.

The Board's performance remains below the Scottish average in most areas

62. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Board to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services. This report must be published within four months of the financial year end.

63. In 2022/23, the Annual Performance Report was published in July 2023 and highlights the complex and challenging environment of health and social care.

64. The National Integration indicators 2022/23 show that overall, the Board's performance does not compare well to the national average with seven out of nine indictors seeing a decrease in performance. Of the indicators updated this year most indicators are lower than the Scottish rate including premature mortality rate per 100,000 persons; emergency admission rate; and the number of days people spend in hospital when they are ready to be discharged.

65. However, there are two areas with similar performance to Scotland performance which are the proportion of last 6 months spent at home or in a community setting; and percentage of adults with intensive care needs receiving care at home. There is also one indicator that compares well to Scotland which is the proportion of care services graded good or better in Care Inspectorate Inspections.

66. Some of the best performing indicators include data only available for the calendar year 2022 rather than the full year 2022/23. This makes it more difficult to make direct comparisons with previous performance.

67. The Board has a new Strategic Plan and priorities in place to improve the services available to people. Some key areas of work for 2023/24 include progressing the Transformation Programme, workforce recruitment and retention and working with partners to drive forward the Community Led Support Strategy.

68. Overall, the Board has effective arrangements for managing performance and whether targets are being met.

Appendix 1. Action plan

2022/23

2022/23 recommendations

Issue/risk Recommendation Agreed management

action/timing

additional recurring savings
Plan were discussed with a focus on the need for a of approximately £2 million Paragraph 44 review of service delivery required in each subsequent models to ensure financial year. sustainability. Work on this Savings identified for 2023/24 area will continue to be include £2.8 million of non-developed and reported recurring savings from the through the Board and in general fund and other particular the annual earmarked reserves. Service Plan outlines a significant August 2023 where the achievement of recurring Strategic Plan, Medium Term savings requirement of £13.5 savings to ensure financial Financial Plan and Workforce million for 2023/24, with sustainability. The Medium-Term Financial service delivery models to Session was held on 25 support the identification and 1. **Financial sustainability** The Board must review A Board Development

Business Case where a draft

delivery changes are required will be provided at the to deliver a sustainable
December Board meeting
financial position over the and a final draft in the
period of the plan. following Committee cycle.

Risk – The Board's operating

sustainable. model is not financially **Responsible officer:**

Chief Finance Officer

Agreed date:

31 March 2024

2**. Assurances from partner** The Board should ensure
Assurance on governance

assurances from partner
bodies throughout the year each year are expanded to via Annual Internal
Audit bodies for the financial include assurance over Reports, Annual
Assurance statements. This includes systems of internal control The Board
is provided with from partner bodies to received from the partner confirm
year end balances **bodies** formal assurances received and internal control is
confirmation of year end
Statements and a review of and governance internal controls within
balances held with each. This partners reported in the Risk

Issue/risk Recommendation Agreed management

action/timing

process does not currently arrangements at each partner Management Performance

formal assurance from the
incorporating this assurance Paragraph 48 partner bodies over the include the Board getting body. Report. In addition,

into the Annual Assurance

systems of internal control Letter will be considered for

and governance the 2023/24 audit onwards.

arrangements at each body.

The Board gets assurances

process could be Chief Finance Officer strengthened further. **Agreed date:** through other means but the **Responsible officer:** *Risk – The Board is not*

aware of weaknesses in 31 July 2024 *governance arrangements at*

partner bodies which impact

the IJB.

Follow-up of prior year recommendations

Issue/risk Recommendation Agreed management

action/timing

b/f 1. IJB self-assessment The IJB should conduct a **In Progress** self-assessment against the Like all local government CIPFA Financial **Revised action:** The IJB bodies in the UK, the IJB is should conduct a self-Management Code. required to conduct a self-assessment against the assessment of its CIPFA Financial performance against the Management Code. CIPFA Financial **Responsible officer:** Management Code. The Code became mandatory in Chief Finance Officer 2021/22. **Revised date:**

31 March 2024

b/f 2. Corporate support As part of the finalisation of **In progress** the updated Integration **arrangements** Scheme, the IJB should work **Revised action:** The IJB There are increasing should ensure the updated with Partners to ensure that demands on Chief Finance corporate support Integration Scheme is Officers across Scotland as a finalised and corporate arrangements remain result of ongoing work on the support arrangements are adequate and fit for purpose. cost impact of Covid-19, the adequate. need to respond to **Responsible officer:** expectations about medium Chief Officer term financial planning, and preparation for the National

Issue/risk Recommendation Agreed management

action/timing

are increasing demands on 31 March 2024 procurement functions as a Care Service. Similarly, there **Revised date:** result of the need to support

care home providers,

including the distribution of

sustainability payments. We

understand that work is

underway with Partners to

develop a structure that

provides sufficient financial

capacity for the medium term.

b/f 3. Financial Planning The IJB should ensure that **Complete** longer term financial planning While the IJB now holds is in place to support the significant reserves, we note delivery of the Strategic Plan. that most represent earmarked funding that has been allocated for specific purposes. The increase in general reserves provides an opportunity to invest to help support the delivery of the Strategic Plan, but all decisions must be underpinned by a robust financial plan for the period to 2025/26.

b/f 4. Audit Committee self- The IJB should ensure that **In progress** the Audit Committee is **assessment** supported to conduct a self-**Revised action:** The IJB During the year, the Audit should ensure that the Audit assessment against good Committee held vacant Committee is supported to practice principles. positions for both voting and conduct a self-assessment non-voting members. As a against good practice result, attendance was lower principles. As part of the than we would expect on a 2023/24 Internal Audit Plan, number of occasions. While Internal Audit will work with recent appointments to the the CFO to complete a self-Audit Committee have been assessment against the key made, we note that the principles and Committee has not yet recommendations from the assessed its arrangements guidance and will validate against CIPFA's 'Good and evidence the conclusions Practice Audit Committees before presentation to Audit Principles Checklist' or Committee for approval.

Issue/risk Recommendation Agreed management

action/timing

‘Evaluation of Effectiveness **Responsible officer:**

Toolkit’. Chief Finance Officer

Revised date:

31 March 2024

b/f 5. Self-assessment The IJB should consider **In progress** revising the self-assessment **against Ministerial** against the Ministerial **Revised action:** The IJB **Strategic Group** Strategic Group should consider revising the **recommendations** self-assessment against the recommendations, prepared We understand that Audit Ministerial Strategic Group in May 2019. Scotland has plans in place recommendations, prepared to conduct a national in May 2019. performance audit of **Responsible officer:** integration arrangements, in preparation for the Chief Officer development of the National **Revised date:** Care Service. Any 31 March 2024 performance audit is likely to be based on previous reviews of progress, including the Leadership Group, led by the Ministerial Strategic Group (MSG) for Health and Community Care, and the convention of Scottish Local Authorities (CoSLA) February 2019 recommendations.

Falkirk Integration Joint Board Draft

2022/23 Annual Audit Report

Audit Scotland's published material is available for download on the website in a number of formats. For information on our accessibility principles, please visit:

www.audit-scotland.gov.uk/accessibility

For the latest news follow us on social media or

subscribe to our email alerts.

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN Phone: 0131 625 1500 Email: **info@audit-scotland.gov.uk**

www.audit-scotland.gov.uk

AS.4.0

Annual Performance Report

2022/2023

Falkirk
Health and Social Care
Partnership

CONTENTS

Introduction 2

Section 1 – Our Health and Social Care Partnership 3

Our Partnership 4

Our Communities 6

Section 2 – Our Progress 12

National Health and Wellbeing Outcomes 13

Outcome 1: 15

Outcome 2: 23

Outcome 3: 34

Outcome 4: 35

Outcome 5: 40

Outcome 6: 46

Outcome 7: 57

Section 3 - Our Workforce... 63

Section 4 – Communication & Engagement 76

Communication 77

Participation & Engagement 80

Section 5 – Technology 86

Section 6 – Partnership Working 92

Working with The Third Sector 93

The Independent Sector 94

Housing Services 95

Section 7 – Equalities & Sustainability 97

Equalities 98

Sustainability 102

Section 8 – Financial Performance & Best Value 103

Best Value 104

2022/23 Financial Performance (from unaudited accounts 2022/23) 106

Partnership Funding Programme 109

Transformation Programme 112

Section 9 – Governance & Performance 113

Governance 114

Performance 120

Section 10 – Conclusion 124

INTRODUCTION

We are pleased to present Falkirk Health and Social Care Partnership's 7th annual performance report, which summarises the immense efforts and achievements of all working in our local services.

Everyone playing a part in delivering our services and supporting our communities should be proud of the progress we have made together this year.

There are many achievements to be celebrated – to name a few, these include the roll out of the Home from Hospital Partnership which supports improvements in hospital discharge; the launch of a new £750,000 fund to help community organisations and groups address health inequalities; the development of new rehabilitation and bedded-care options in Falkirk; and the publication of new strategies to improve our workforce and support for carers.

This past year has provided the opportunity to reassess our challenges and opportunities – reflected in our new 3-year Strategic Plan. Following a significant engagement programme, we have shaped our future priorities to ensure we remain on track to meet the future needs of our communities.

While there remain considerable challenges in our path as we move on from the pandemic, it is positive to see we remain able to pursue and achieve transformational change.

Thank you,

Patricia Cassidy Fiona Collie Chief Officer IJB Chair

SECTION 1 – OUR HEALTH AND

SOCIAL CARE PARTNERSHIP

OUR PARTNERSHIP

Falkirk Health and Social Care Partnership (HSCP) was established following the Public Bodies (Joint Working) (Scotland) Act 2014. Falkirk Health and Social Care Partnership delivers adult social care services and community health services in the Falkirk area. The Falkirk Health and Social Care Partnership is often referred to as the “Partnership” or “HSCP”.

Key services that the Partnership provides includes:

- Community Health services – District Nursing, Mental Health, and Learning Disability services
- Contracted Health Services – GPs, Pharmacies • Adult social care services
- Elements of housing services for aids and adaptations and gardening aid
- Aspects of acute services (hospitals) relating to unscheduled care

At its heart, integration of these services is about ensuring those who use health and social care services get the right care and support whatever their needs. This should be at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

The HSCP Strategic Plan outlines how we will deliver adult health and social care services in Falkirk over three years. It sets out how we will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:

- improve the quality and consistency of services for patients, carers, service users and their families

- provide seamless, integrated, quality community health and social care services that care for people in their homes, or a homely setting, where it is safe to do so

- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Our Strategic Plan sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area. Throughout 2022/2023, we organised multiple engagement activities with key stakeholders to review the Partnership's Strategic Plan and publish a new Strategic Plan (2023-2026) on 1 April 2023.

Our vision and the key outcomes that we need to achieve in the long-term remains unchanged since our last Strategic Plan. We have identified four strategic priorities that we believe will make the biggest difference in helping us to achieve our outcomes over the next three years. These priorities are enabled by three key workstreams that support everything that we do - workforce, technology, communication, and engagement.

Our vision is to enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities

OUR LOCAL OUTCOMES

SELF-MANAGEMENT

Individuals, their carers and families can plan and manage their own health, care, and well-being. Where supports are required, people have control and choice over what and how care is provided.

SAFE

High quality health and social care services are delivered that promote keeping people safe and well for longer.

EXPERIENCE

People have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated, and valued.

STRONG SUSTAINABLE COMMUNITIES

Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social inequalities.

OUR LOCAL PRIORITIES

SUPPORT AND STRENGTHEN COMMUNITY-BASED SERVICES

ENSURE PEOPLE CAN ACCESS THE RIGHT CARE, AT THE RIGHT TIME, IN THE RIGHT PLACE

FOCUS ON EARLY INTERVENTION, PREVENTION, AND MINIMISING HARM

ENSURE CARERS ARE SUPPORTED IN THEIR CARING ROLE

WORKFORCE

TECHNOLOGY

COMMUNICATION & ENGAGEMENT

Figure 1: Falkirk HSCP Strategic Plan Outcomes and Priorities

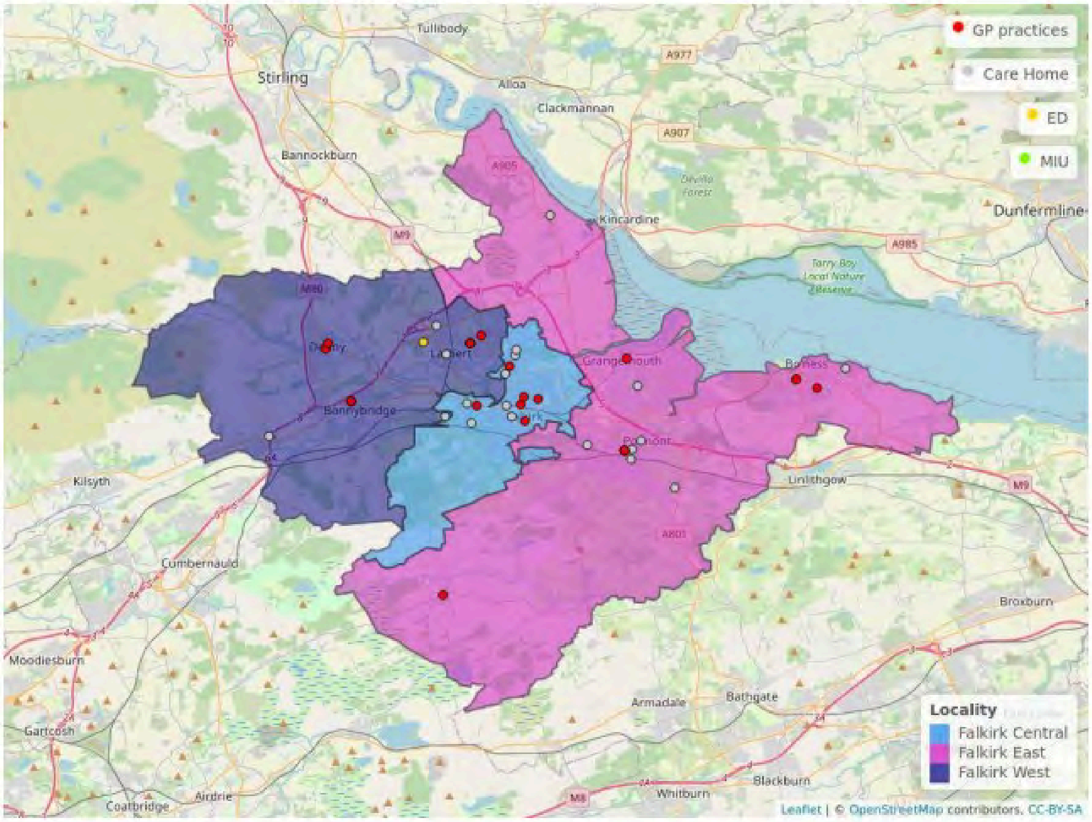
The Falkirk Health and Social Care Partnership Strategic Plan (2023 – 2026) can be found on our website here.

OUR COMMUNITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation - the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 2).

1. West
2. Central
3. East


GP practices
Care Home
ED
MIU
Locality
Falkirk Central
Falkirk East
Falkirk West
Stirling
Tullibody
Alloa
Clackmannan
Bannockburn
Kincardine
Dunfermline
Grangemouth
Bo'ness
Polmont
Linlithgow
Denny
Larbert
Bonnybridge
Kilsyth
Cumbernauld
Moodiesburn
Gartcosh
Coatbridge
Airdrie
Armadale
Bathgate
Whitburn
Blackburn
Broxburn
Leaflet | © OpenStreetMap contributors, CC-BY-SA

ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Figure 2: Falkirk Localities Map

The Partnership’s locality planning approach has supported the Remobilise, Recover, and Redesign Plan - introduced in response to the Covid-19 pandemic.

During 2023/24, Locality Managers will work to develop Locality Plans that reflect the needs of the communities and our strategic priorities, alongside joint working with communities and partner organisations. This includes the Community Planning Partnership, whose focus is on tackling poverty and inequality via the delivery of the Falkirk Plan 2021-2031, published in October 2021.

The Falkirk Plan is the framework that captures the vision and commitment of the Community Planning Partnership to work together to reduce poverty, tackle inequalities, and improve the quality of life for everyone in the Falkirk Council area.

The Falkirk Plan has been developed with community planning partners, based on research and local community feedback on the issues most important to them. The Plan has identified six priority areas to be the focus of sustained joint-working to make a positive difference to our communities. These themes are:

1. Working in partnership with communities 2. Poverty

3. Mental health and wellbeing 4. Substance use

5. Gender-based violence

6. Economic recovery

The plan also reflects the Public Health Priorities for Scotland, which encourages public services, the third sector, community organisations, and others to work together to address the root causes of inequalities in Scotland's health.

In addition, Grangemouth, Bainsford and Langlees, and Denny, Dunipace, and

Dennyloanhead communities have published their own Community Action

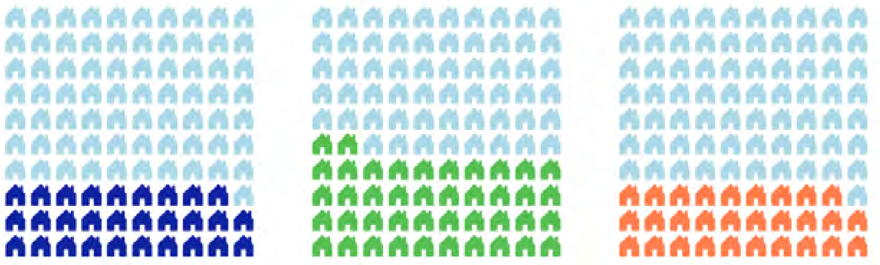
Plans.

These plans demonstrate the role and value of every volunteer and neighbour in mitigating the impact of inequality across Falkirk and preventing future health inequalities.

LOCALITYSNAPSHOTS

The following information summarises key demographic data from the Partnership’s Locality Profiles.

Households



WEST

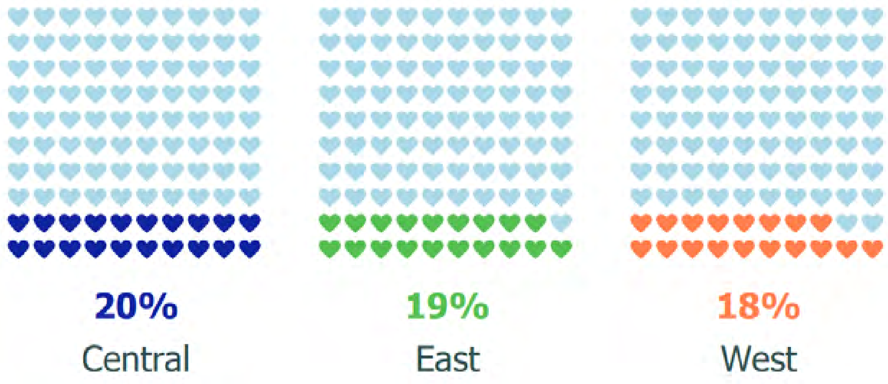
Includes the areas

of Larbert, Denny,

21,952 31,754 21,520 and Bonnybridge.

Central East West

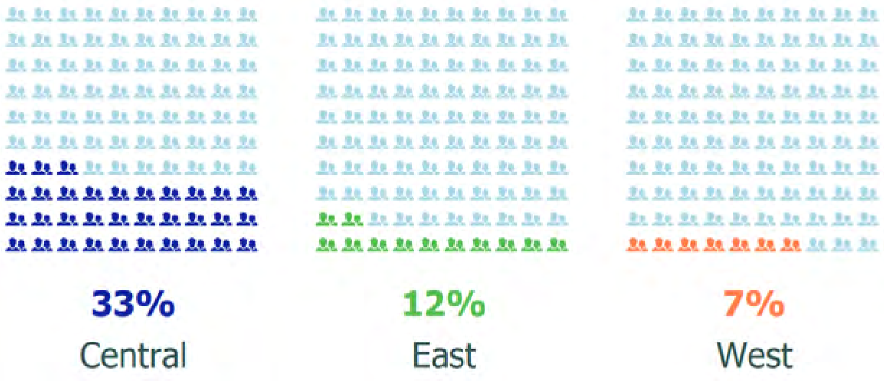
% that live with a long-term health condition



CENTRAL

Includes the areas of Falkirk Town Centre, Camelon, Bainsford, and Hallglen.

% that live in the most deprived SIMD quintile



EAST

Includes the areas

of Braes, Redding,

Bo’ness,

Grangemouth,

Stenhousemuir,

and Airth.

OURCHALLENGES

Falkirk has an ageing population, increasing demand for health and social care services. People are living longer into old age, resulting in more people living with multiple or complex conditions. Our workforce is also ageing – by 2024, 34% of our workforce will be over 60.

Ageing population

Substance use

Trauma informed

There is a marked increase in addictions and drug related deaths across the local community, alongside an increase in mental health and social inequalities. The Alcohol and Drug Partnership is leading the multi-agency plan to address local challenges.

We need a trauma informed workforce to evaluate services from a trauma informed and responsive perspective. We share the Scottish Government vision to recognise where people are affected by trauma and adversity and to respond in ways that prevent further harm and support recovery.

Mental wellbeing

COVID-19

Finance

We need to continue to work with staff, partners, and communities to improve mental health and wellbeing in Falkirk, including timely access to specialist support for mental illness.

The Covid-19 pandemic has contributed to increased demand through 'deferred care' (i.e., additional demands arising from care that could not be provided during the pandemic) placing strain on the capacity of community health and care services.

There is an increasing demand for services with a reduction in funding that will mean we need to be creative and transformational to ensure a targeted and efficient approach.

Recruitment

Technology

Systems

There are real skill shortages in a range of posts and professions across the partnership. Traditional job roles may need to transform to meet the needs of our community and to ensure modern, integrated, efficient and high-quality services.

Digital technology is key to changing health and social care. Empowering people to actively manage their own care means investing in new technologies and services. At the same time, there is a need to ensure our workforce have the technical capabilities to support the development of these changes.

Investment in more intuitive information management systems to support the delivery of person-centred care that will empower the workforce to improve practice in the assessment and planning of personal outcomes. We need to turn data into intelligence to aid better joint planning and co-design.

Estate

We need to make better use of available space as many buildings are not fit-for-purpose or easily available to meet the needs of services, communities, and staff, and embrace mobile/flexible working to make best use of the assets we have

SECTION 2 – OUR PROGRESS

NATIONAL HEALTH AND WELLBEING

OUTCOMES

The Scottish Government has nine national health and wellbeing outcomes, shown in Table 1, to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care.

1 People are able to look after and improve their own health and wellbeing and live-in good health for longer

2 People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

3 People who use health and social care services have positive experiences of those services, and have their dignity respected

4 Health and social care services are centred on helping to maintain

or improve the quality of life of people who use those services

5 Health and social care services contribute to reducing health

inequalities

People who provide unpaid care are supported to look after their

6 own health and wellbeing, including to reduce any negative impact

of their caring role on their own health and wellbeing

7 People who use health and social care services are safe from harm

People who work in health and social care services feel engaged

8 with the work they do and are supported to continuously improve

the information, support, care and treatment they provide

9 Resources are used effectively and efficiently in the provision of

health and social care services

Table 1: National Health and Wellbeing Outcomes

This performance report sets out progress made towards the National Health and Wellbeing Outcomes, and our Strategic Plan priorities and outcomes during 2022/23.

Falkirk HSCP Strategic Plan National Health and Wellbeing Scottish Government Integration Priorities Outcomes Priorities

1 2 3 4 5 6 7 8 9

Support and strengthen Reduce occupied hospital bed days

community-based services
associated with avoidable admissions ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ and
delayed discharges
Ensure people can access the Increase provision of good quality,

right care at the right time, in the ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ appropriate,
palliative and end of life right place care Focus on prevention, early
Enhance Primary Care intervention, and minimizing

harm Reflect delivery of the new Mental

Health Strategy

Support delivery of agreed service

☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ levels of alcohol and drugs

partnership work

Ensure provision of the living wage to

adult care workers and plan for

sustainability of social care provision

Ensure carers are supported in Continue implementation of Self-their caring role Directed Support

☑ ☑ ☑ ☑ ☑ ☑ ☑ Prepare for commencement of the Carers (Scotland) Act on 1 April 2018

Table 2: Association between local Falkirk priorities, Scottish Government Integration Priorities, and National Outcome

OUTCOME 1:

People are able to look after and improve their own health and wellbeing and live in good health for longer.

LIVING WELL FALKIRK

Living Well Falkirk is an online tool that promotes healthy, independent living by emphasising people’s ability to stay active and participate in their community. It has been designed for people who live in the Falkirk area and are having difficulties with everyday activities.

Living Well Falkirk offers:

- 24-hour access to hints and tips on how to stay well and live independently
- Information about local and national services
- Helpful advice by completing a self-assessment on your abilities
- Suggestions on areas such

as staying safe at home, preventing fails, help with bathing, etc.

- Options to purchase, or request the loan of, equipment matched to your needs
- Contact information for further support

Living Well Falkirk has become a key tool to achieving the Partnership's remit of bringing services together to support people in their own homes. The model emphasises empowerment of individuals within their community and is supported by a steering group with strong representation from third sector groups in Falkirk.

Living Well Falkirk has been commended by Healthcare Improvement Scotland as a positive example of a community-led approach to health and social care.

During 2022/23:

- 4,706 users engaged in 6,032 sessions on the Living Well Falkirk website
- 274 Lifecurve™ assessments were started
- 579 areas of need assessments were started - users can select more than one area to assess
- 609 individual areas of need assessed were recommended a suitable piece of equipment
- 272 individual areas of need assessed were signposted to relevant advice and resources

Top five individual self-assessment areas of need **Completed**

I am finding it quite hard to step into the bath and/or stand to 38
take a shower in the bath

I have a separate shower and standing long enough to wash is 38
difficult for me

15

I struggle when walking up and down the steps at the main 32 entrance to my home

I have a wet room and standing long enough to wash is 29 difficult for me

I find it difficult going up and down my stairs 23 I have been recommended to replace my bath with a shower 23 and I need help

Table 3: Usage stats provided via Living Well Falkirk LifeCurve dashboard, 2021 –2022.

BUILDING OUR GENERAL PRACTICE TEAMS

Delivery of Forth Valley’s Primary Care Improvement Plan has brought more than 180 new staff to primary care over the last four years. At a time when demand for GP appointments is unprecedented, these roles provide around 6,000 appointments and more than 6,500 medicine-related activities each week.

The roles include primary care mental health nurses, advanced nurse practitioners, advanced physiotherapy practitioners (described below), and pharmacists. They are highly trained to manage on the day urgent care, mental health, musculoskeletal conditions, and all medicine and prescription related workload. These roles help GPs to consult with those who need a GP for those uncertain about their health or with complex conditions.

Being signposted to the right clinician or service outside general practice early brings the best chance of identifying and managing health issues, most often through advice and self-management.

ADVANCED PHYSIOTHERAPY PRACITIONERS 24

Advanced Physiotherapy Practitioners (APP) are based in 44 out of 51 GP Practices across all nine clusters in NHS Forth Valley. This represents full implementation for the service.

Approximately 2,600 appointments per month have been booked in the Forth Valley area to see an APP in Primary Care, the most common condition is low back pain. 11% require diagnostic imaging or investigation, which equates to more than 1,000 X-Rays and 100 MRI scans in 2022.

Work is currently underway to secure MRI Knee access for Advanced Physiotherapy Practitioner’s (APP) in 2023. Over 1,000 CSI injections were completed by APPs in Primary Care in 2022. We supported a further five APPs to qualify as NMPs and a further three to qualify as injection therapists.

A recent National GP Survey revealed:

- More than 75% of GPs felt the APP Service had eased their workload at least to some extent with a further 20% feeling they have eased the whole Practice workload

- More than 75% of GPs feel an APP Service has a strong potential for making a positive difference to GPs
- 50% of GPs feel additional MDT roles have led to an improved quality of patient care in General Practice
- An NHS FV APP patient survey was scheduled in February 2023 with a patient story also scheduled for March 2023

VACCINATION PROGRAMME As of summer 2022, Forth Valley’s Immunisation team became responsible for all immunisations which were previously delivered by GPs. This includes pre-school immunisations, shingles and pneumococcal, flu and travel. The team have successfully maintained and in some areas improved the very high immunisation rates Forth Valley GPs delivered annually.

The winter vaccination is the biggest programme and began on 5 September until 5 December 2022 as nationally directed. Immunisation teams delivered Covid-19 and flu vaccinations in care homes to residents and care home staff and prioritised the offer of vaccination to all health and social care staff as well as those aged 65 years and above.

Flu and Covid-19 vaccinations were made available at several local community pharmacies across Forth Valley for those eligible to receive autumn/winter vaccinations. Thirty-seven pharmacies across Forth Valley signed up to support the programme, helping improve access to vaccinations in local communities alongside existing vaccination centres.

The winter flu programme in schools across Forth Valley had teams visit primary and secondary schools to vaccinate pupils and to offer flu vaccine to teachers and front-facing pupil support staff on site. Maternity Services commenced winter vaccination clinics with pregnant women able to book flu and Covid-19 vaccinations by contacting their local midwife/antenatal team.

COMMUNITY LINK WORKERS

Community Link Work is one of the priorities within the Primary Care Transformation Programme. The Community Link Work model allows GPs to target their time with an individual to address medical issues. Community Link Workers use a social prescribing model to support individuals with a variety of social, financial, mental wellbeing, and practical issues that are affecting their life, and in turn their health. This provides a holistic person-centred approach to supporting individuals.

Currently, there are seven Community Link Workers operating within the Falkirk area with each Community Link Worker hosted by a third sector organisation and aligned to GP Practices with the highest level of deprivation.

	East Locality	Central Locality	West Locality
Host Organisation	Cyrenians	FDAMH	Strathcarron Hospice
No. of CLW	3	2	2
Support Type	Generalist	Therapeutic	Generalist Young People
GP Location	Bo'ness Road Kersiebank Carronbank	All Central Practices	Denny Cross Bonnybridge

Table 4: Community Link Workers in Falkirk HSCP area

Community Link Workers adopt a flexible approach towards people's needs for different types of appointments and provide various methods to enable people to engage with the service. CLW's have returned to providing services within GP practices, as well as conducting house visits and walk-and-talk meetings. They have continued to support people remotely via phone and video calls, and text messaging to suit the needs of the individual. They have continued to build relationships in the local third sector and statutory services to make it easier for clients to be referred and access local support.

CASESTUDY: CYRENIANSCOMMUNITY LINKWORKER

The client was referred to the CLW by the mental health nurse for family support and carer issues. Husband recently had heart issues and his mobility was very poor due to his illness and his wife was caring for his needs. Client was working part-time but was struggling with trying to maintain her hours.

CLW contacted Social Work to request an assessment for her husband's needs. CLW also made a referral into Carers Centre for further support. During the house visit, CLW was made aware of issues within the household regarding the adult son which was causing a lot of tension between the client and her husband. The son was referred to the CLW for support.

After working with the CLW, the son now has his own flat and is currently working. Client feels a lot better as is now able to concentrate on caring for her husband. An assessment was provided by Social Work and support was offered which has enabled the client to continue working.

The client is no longer in need of the support of the mental health nurse as the situation has now been resolved.

**This case study has been anonymised and provided, with thanks, from Cyrenians Community Link Worker.*

PHYSICALACTIVITYCLASSES To prevent patients' symptoms from worsening while they wait to be seen by the musculoskeletal service, a pilot for specialist movement classes was introduced in Grangemouth in October 2022. 48 people have started the pilot which will run through to May 2023. A focus group was organised to gather feedback on the classes. The pilot will be evaluated by the University of Edinburgh.

Feedback:

- “I have been coming to the class since December. I had sticks before the class and in three months, the difference has been amazing.”

- “I was doing nothing before the class. This has improved my mental health and given me the push I needed. I’ve now lost three stone and cycle to the class from Larbert.”

- “I couldn’t even push the duvet off me in the morning. The past week I

  have started walking up the stairs normally as I used to crawl up them. I have come to this class for eight weeks and I can see a difference.”

MENTAL HEALTH FIRST AID COURSES In-person sessions in mental health first aid returned to Forth Valley, following a temporary pause during the pandemic. Delivered by NHS Forth Valley’s Health Promotion Service, Scotland’s Mental Health First Aid is aimed at anyone who wants to help someone with mental health problems whether in a professional or personal capacity. It is delivered free of charge over two days, and courses are open to people living or working in Forth Valley.

Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. The aims of the course are:

- To preserve life

- To provide initial help

- To prevent the problem getting worse • To promote recovery of good mental health • To provide comfort

The course does not train people to be mental health workers or therapists. It offers general information about mental problems and equips you with the knowledge and understanding to help remove stigma and fear, and to give confidence in approaching anyone in distress.

The course will teach participants:

- How to ask about suicide

- How to recognise the signs of mental health problems • How to provide initial help

- How to guide a person to appropriate help

In addition to Scotland’s Mental Health First Aid Course, a range of training programmes have been provided for supporting mental health and wellbeing by the Health Improvement Service.

Ask Tell Informed Level Workshops is a series of three facilitated workshops participants identify how to maintain mental health, the factors that can lead to mental distress or mental ill-health and how to have compassionate conversations to support people who are experiencing mental distress or may be feeling suicidal and support them to seek help.

Applied Suicide Intervention Skills Training (ASIST) is a two-day course to learn skills to provide suicide first aid intervention. The course explores attitudes towards suicide, recognising suicidal thoughts, estimating suicide risk, and the intervention model.

Step on Stress is a three-week stress management course for the public, available online and in person.

Training Falkirk Participants

Ask Tell Informed Level online workshops x3 10 (50%)

Ask Tell Informed Level face-to-face Pharmacy - % unknown

workshops x3 CVS Falkirk = 7

Elected Members = 4

Scotland’s Mental Health First Aid 2-day Falkirk = 41 (49%)

course x6 Forth Valley = 16

Applied Suicide Intervention Skills training Falkirk = 23

2-day course x2 Forth Valley = 8

Step on Stress course Online = 112

In Person = 11

Table 5: Mental Health Training Attendance

HOSPITAL AT HOME TEAM Former Health Secretary Humza Yousaf praised the work of Falkirk’s Hospital at Home team during a visit. The Hospital at Home service aims to reduce hospital admissions for elderly patients by providing medical care in the comfort and familiarity of their own home. The service enables people to receive treatments that would otherwise require them to be admitted to hospital, such as intravenous fluids or temporary oxygen supplies. It also provides access to hospital tests under the care of a consultant in their own home.

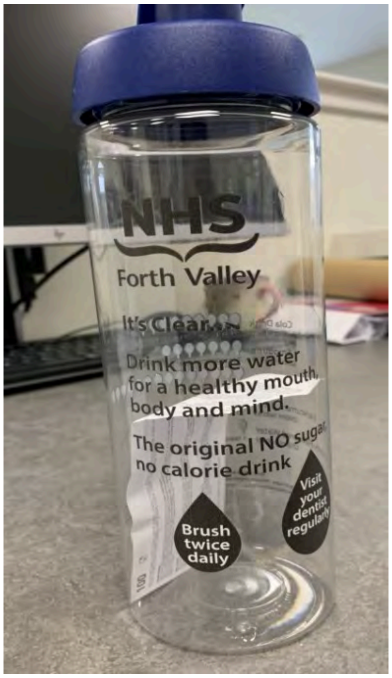
Evidence shows that those benefitting from the service are more likely to avoid hospital or care home stays for up to six months after a period of acute illness. For older patients, it means being able to stay at home longer without losing their independence and this has contributed to overall improvements in patient satisfaction. It also helps alleviate pressure on hospital beds. More than 750 patients across the Forth Valley area have benefited from the Hospital at Home service since it was established in May 2021.

ORAL HEALTH

Smile4Life training was delivered to 26 participants in organisations across Falkirk, including Rainbow Muslim Women's Group, Forth Valley Migrant Support Network, and Forth Valley Royal Hospital Mental Health Unit.

The National Smile Month and Mouth Cancer Awareness campaigns involved 66 organisations and health care settings in Falkirk. 100 social media interactions were recorded in the Falkirk area during the campaigns.

586 adult toothbrush and toothpaste packs and 60 single family toothpastes were distributed to community homelessness organisations, food banks, substance misuse organisations, housing, black and minority ethnic groups and Gypsy Traveller groups, and Community Nurses. 32 pharmacies in the Falkirk area also received packs to link with people accessing opiate substitution therapies. 500 adult toothbrush and toothpaste packs were disseminated to Polmont Prison.


NHS
Forth Valley
It's Clear...
Drink more water for a healthy mouth, body and mind.
The original NO suga
no calorie drink
Brush twice daily
Visit your dentist regularly

Through the ‘Drink More Water’ pilot, water bottles promoting oral health messages were disseminated at Polmont Prison for staff and people in custody attending the gym.

OUTCOME 2:

People, including those with disabilities or long-term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

FUTURE MODEL FOR DAY OPPORTUNITIES

At present our services are mainly building based with growing opportunities for social inclusion and community integration. The new model will see significant developments in respect of dedicated reablement day opportunities, retaining an element of building-based maintenance provision and development of a much wider Independence and Inclusion model of provision within communities.

CALEDONIA SERVICE

The Caledonia Service works with adults living with severe and enduring mental illness. The service offers community-based group activities. All activities aim to improve wellbeing, increase self-esteem, and self-confidence while giving individuals an opportunity to learn new skills or build on existing ones. Staff are always sourcing new activities and groups for service users and have weekly team meetings to discuss progress and development of the service.

Over the past three years, the service model has significantly evolved from a long-term day service to a progressive, community-focussed model. During the Covid-19 pandemic, the building closed. However, the service continued remotely and within community-based settings with service users adjusting well to the revised model.

The service currently offers monthly peer-to-peer support meetings to give service users a voice and a say in what activities are sourced and available for group activities. This is led by service users to encourage inclusion and participation in local community venues. Physical health is promoted in walking groups, cycling, gardening, and fitness groups which are open to all levels to allow everyone the opportunity to participate. As a result, service users can maintain their mental health and wellbeing and contribute to their physical wellbeing through local exercise groups and activities.

Forest and Land, Scotland – Woodlands Voluntary Work Parties
Service users participate in two groups working in conjunction with a dedicated ranger from Forest and Land, Scotland. The group engage in

duties in a woodland environment, such as removing invasive species and restorative tasks as well as learning about trees and the land. The group engages with the public during activities and are recognised as supporting the management of the woodlands. This activity promotes fitness and wellbeing whilst contributing to the beauty of local areas. It is a popular activity, providing a sense of achievement, belonging, and pride in the good work.

Forth Environment Link

We have engaged with the staff at Forth Environment Link to offer community-based cooking events where service users and staff have co-produced meals and dishes promoting healthy eating, encouraging skills growth, and group participation as well as allowing the participants to entertain their peers at organised events.

Forth Active Travel

Working in conjunction with Forth Active Travel, we have organised several opportunities for Caledonia Service. This includes a cycle maintenance session, encouraging the group to learn the M-check and other mechanical skills. Further to this we jointly promoted an electronic bike taster session and held a cycle session exploring the different machines and the possibilities of utilising the electric bike hubs in the area.

Further group activities are planned for this year with the aim of promoting cycling as an activity, exercise, and a form of transport. This complements the Cycle Leadership training undertaken by a staff member and the well-established Caledonia Cycle Group which regularly accesses the multitude of paths and cycle lanes in the community.

Bainsford Community Hall - Cooking and Musical Drama Groups

Caledonia has continued to build on its community-based groups as Covid-19 restrictions allowed last year. Following consultation with service users through individual reviews and service user meetings, we have been able to introduce some additional skill-based groups to our weekly planner, focusing on cooking and musical drama. These groups take place at Bainsford Community Hall and have given the service a chance to develop a working partnership and utilise the other activities on offer at the hall.

The cooking group gives people the chance to learn skills that they can use at home and be exposed to new cuisines and healthy recipes that they might never have tried before. The group enables service users to learn how to plan and prepare healthy homemade meals, read a recipe, and make a shopping list.

The musical drama group gives any budding thespian or someone who just wishes to explore their creative side a chance to perform in a variety of performances, which are agreed by all group attendees. The group is a fun and friendly environment where we encourage service users to step out of their comfort zone and reach potentials, they didn’t realise they had, building confidence, self-esteem, and being part of a group.

Meditation Sessions

Caledonia Service offers two, one-hour guided meditation groups per week, with a third group planned in the future. The groups are currently held in our comfortable lounge at Dollar Park. Our guided meditation begins with deep relaxation techniques for the body and mind, then guided visualisation that can help ease symptoms of stress, anxiety, promote better sleep and reduce pain.

Many service users describe this as their favourite hour of the week, that chance to switch off and take undisturbed time for themselves. These groups are very popular and currently each group size is six service users. Tea and coffee and a chat is encouraged in the hour between the two groups, which currently run 12-1pm and 2-3pm on a Thursday.

Upcycling Group at The Helix

Caledonia Service have fostered a working partnership with the Park Rangers at the Helix Park, giving our service users an opportunity to help maintain this national tourist attraction, work on different outdoor art projects, build planters for the use of their visitor centre kitchen and supporting other events taking place in the park. These volunteer sessions take place every two weeks with the view to increase this to weekly when the weather is more suitable for outdoor based activities. Our service users have commented on their positive experiences of working with the Helix team members and having an opportunity to contribute to their local community.

JOINT DEMENTIA INITIATIVE (JDI) The Joint Dementia Initiative (JDI) aims to help people with dementia to continue to live the life they want to live by supporting them to live at home in their own communities for as long as possible. The JDI staff work with the service user and carer to find ways to reduce the risks surrounding remaining at home. This is done by:

- Identifying familiar routines and patterns for everyday living
- Supporting people to maintain skills, such as taking a bath, dressing, or cooking
- Supporting people to learn new skills, such as computer skills to reduce social isolation
- Supporting the development of new hobbies and interests
- Helping people to maintain friendships and relationships
- Assisting involvement with the local community and the communities understanding of Dementia to make communities more Dementia Friendly
- Supporting access to services, such as health services
- Providing critical breaks for carers to allow rest from their caring role

The Joint Dementia Initiative (JDI) service offers a person-centred approach. The One-to-One service is available to anyone who has a diagnosis of dementia. It aims to support individuals with everyday tasks and help them to maintain relationships and friendships. The Home from Home service provides the opportunity for people to meet in a small group, with others who are having similar experiences. The aim is for people to receive support within a homely setting while being kept connected to their community. The Home from Home service is hosted by a self-employed home day carer in their own home and who works alongside another self-employed carer. The service also offers peer support groups for carers and for younger people who have a memory impairment or a diagnosis of early onset dementia.

Supporting service user to attend the gym

With JDI support, a service user started attending a generic gym, but felt this was too big and intimidating. An alternative was sourced and now the service user attends a specialist gym twice a week. She has regained her fitness and has spoken of how relaxed she is at the gym. As a result, she feels included in the local community and her confidence has increased from attending the gym.

Trip to Hairdresser

A service user was supported to attend regular appointments at her own hairdresser after a period of not being able to due to deterioration and family commitments. This enabled the service user to regain a sense of continuity when she could no longer attend independently. Her self-confidence and self-esteem have increased, and a family member was able to continue to attend employment.

Regular Trips to Callendar House

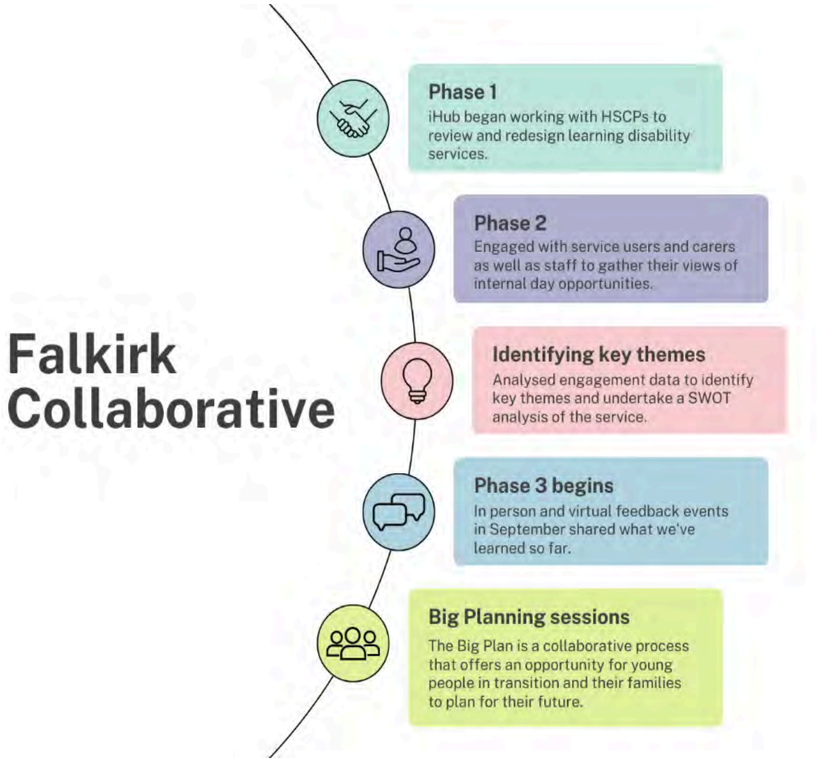
A service user has been supported to attend a place of local historic interest. She identified Callendar House as a keen interest but had been unable to go independently. She now has a sense of being involved in her local community, is passionate about history and attending Callendar House has enabled her to pursue this interest. As a result, her self-esteem and confidence has increased.

THE FALKIRK COLLABORATIVE TEAM

For many years, day support services have sought to move to person-centred models of support. The Learning Disability Day Support Collaborative is run by Healthcare Improvement Scotland Hub (ihub), and they have identified six key areas for development in Learning Disability Day Opportunities in Scotland. These are:

- Person-centred practice
- Partnership working
- Staff empowerment
- Community inclusion
- Supporting families to take a break • Involving people in the design process.

In June 2021, Falkirk HSCP was recruited to work with iHub to redesign day support for adults with learning disabilities. The Falkirk Collaborative Team includes partners from Healthcare Improvement Scotland, Falkirk HSCP, Falkirk Council, NHS Forth Valley, Neighbourhood Networks, and Dates and Mates. The Falkirk Collaborative Team is looking to explore how key areas of development in Learning Disability Day Opportunities can be applied locally.



Phase 1
iHub began working with HSCPs to review and redesign learning disability services.

Phase 2
Engaged with service users and carers as well as staff to gather their views of internal day opportunities.

Identifying key themes
Analysed engagement data to identify key themes and undertake a SWOT analysis of the service.

Phase 3 begins
In person and virtual feedback events in September shared what we've learned so far.

Big Planning sessions
The Big Plan is a collaborative process that offers an opportunity for young people in transition and their families to plan for their future.

Figure 3: The Falkirk Collaborative Project

The final phase of the project brought everyone together to support individuals involved in the Big Planning sessions to achieve their desired outcomes. The team explored the assets and resources available in our local community and where the natural connections and support can be established before considering the possibilities around sharing resources and supports.

The Big Plan explores the question, “what would it take for this man or woman to have an interesting, fulfilling life where they can get to know people who would become their friends and are able to make a contribution to their community?”

The Big Plan is a collaborative person-centred planning process that offers a unique opportunity for adults with a learning disability in transition from child services to adult services. Planning for your future should be exciting and the Big Plan aims to help an individual to discover their own way and make plans that make sense to them while exploring whatever support the person needs. Since October 2022, the team hosted eight Big Planning sessions with an average of twenty-five people in attendance.

The ‘New Models for Learning Disability Day Support Collaborative’ project with iHub finished in March 2023. However, work will continue to review the Learning Disability service to build upon the work of the Falkirk Collaborative.

DATES-N-MATES FALKIRK As Scotland’s national dating and friendship agency for adults with learning disabilities, Dates-n-Mates has sought to improve the health and wellbeing of its members in Falkirk by helping them to overcome the loneliness and social isolation to which many people with learning disabilities are particularly susceptible. They have done this by:

- Providing opportunities and support to make and sustain friendships and close personal relationships
- Supporting people to develop the skills and abilities to make decisions about, develop, and sustain friendships and close personal relationships
- Increasing social inclusion and the presence of people with learning disabilities in everyday places, events, and activities

During 2022/23, Dates-n-Mates have been delivering a varied programme of in person and online events for members and delivered workshops to members on sexual health and healthy relationships. Dates-n-Mates are passionate about human rights, by delivering workshops on relationships, members understand their rights and what they mean to them. Members have reported feeling more confident in the friendships they’ve made and now possess a greater understanding of their rights related to relationships and keeping themselves and others safe.

Members took part in the ‘This is Me!’ campaign to challenge negative attitudes towards people with learning disabilities and make a positive change in people’s attitudes towards learning disabilities. Members told their stories and shared the changes they would like to see to make Scotland a better place for people with learning disabilities.

HOMEFIRST

Home First is a local initiative focussing on supporting people to avoid a delay in their discharge from hospital. Home First works with the person and their carer/relative to agree how they can support their loved one to get home, without any delays. The team consists of social work professionals, including social workers, social care practitioners, and Occupational Therapists, who carry out assessments and work in collaboration with health professionals to determine people’s needs to return home.

Home First manages and facilitates discharges to Bo’ness Hospital, Summerford House intermediate care home, Falkirk Council care homes, Thornton Gardens and intermediate beds procured by the Partnership. The Home First team in Falkirk Community Hospital serves and manages the intermediate beds identified to aid downstream delays within Forth Valley Royal Hospital. Home First is also involved in discharge to assess model evolvement. The service continues to have strong links with the reablement service within Summerford House care home, working with an integrated approach to facilitate discharges to assist patient flow.

The Home First service was set up as a test of change in late 2019. Since that time, in response to systems pressures, the operation of the team has developed, and a review is currently underway. The review will ensure that the team remains effective in terms of its core role to support people to the most appropriate place for their care needs following acute hospital attendance, without delay.

The core team currently includes a high number of vacancies and temporary posts, and the review will seek to optimise the staffing structure to best meet current and future demand, and to support service improvement.

The review seeks to:

- Ensure a fit for purpose team to ensure timely assessments, supporting our discharge to assess approach
- Support consistent core pathways
- Ensure effective care planning is in place for people who will require support to come home from the acute hospital
- Provide oversight for people receiving intermediate care support, including in community hospitals, step down beds, rehabilitation bedded care and discharge to assess reablement support at home

Ref	**Measure**	**Apr-19**	**Apr-20**	**Mar-21**	**Dec-21**	**Dec-22**	**Direction of travel**
54	Standard delayed discharges	38	7	15	38	44	▼

55 Standard delayed 26 1 6 14 23 ▼

discharges over 2 weeks

56 Bed days occupied by 972 128 209 761 1,406 ▼

delayed discharges

57 Number of code 9 delays, 15 11 19 22 26 ▼

including guardianship

58 Number of code 100 1 0 3 6 3 ▲

delays

59 Delays - including Code 9 53 18 34 60 70 ▼

and Guardianship

Table 6

Ref Measure Dec- Mar- Mar-Mar-Mar-Direction

19 20 21 22 23 of travel

85 The number of overdue 117 122 226 292 - -

'OT' pending

assessments at end of

the period

Table 7

DISTRICT NURSING SERVICES

Our District Nursing Team provide a wide range of local community-based services to people across a range of settings including people’s own homes, care homes, and treatment rooms. We provide increasingly complex care for patients and support their family and carers to meet their needs. This could include access to area wide specialist teams where appropriate, such as the Enhanced Community Health team, tissue viability, and the hospice. Providing care at home, or as close to home as possible, reduces avoidable hospital admissions or attendances and helps get people back home quickly and safely.

The past twelve months has continued to be a challenging time for our District Nursing Teams. We have continued to see an increase in the demands for our service due to an ageing population, the challenges the pandemic is still presenting, facilitating earlier discharge from hospital as well as the increased emphasis on preventing hospital admission.

We have seen an increase in the frailty and complexity of those being supported and cared for in their homes. We have also continued to see a rise in numbers of end-of-life care patients being supported by the District Nursing Service to die at home or in a homely setting.

The treatment room review in 2020/2021 showed an increase in demand of 56%. In response, we have allocated additional staff, which has been split into 3 x 20-hour posts that are currently out to advert. We have also continued to deliver ongoing Covid-19 vaccinations for housebound patients in our care.

Our District Nursing vision is to support people to live and die well in their own homes or a homely setting. Providing enhanced standards of patient centred care through ensuring we have a workforce with the skills required, we have continued to support ongoing training within our service.

Over the past twelve months, we have supported the training of five new District Nurse Trainees and have recruited the first two District Nurse Advanced Nurse Practitioners (DNANP) in Falkirk. The plan for the coming year will be to recruit further DNANPs/trainee DNANPs.

Ref	**Measure**	**Mar-19**	**Mar-20**	**Mar-21**	**Dec-21**	**Dec-22**	**Direction of travel**
33	No. ofpatients with an Anticipatory Care Plan in Falkirk	7,061	12,454	28,628	56,335	56,413	▲
34	Key Information Summary KIS) as a % of the Board area list size Forth Valley	5.00%	8.1%	18.2%	18.4%	18.5%	▲

35	KIS as a % of the Board area list size Falkirk	4.40%	7.8%	17.8%	18.1%	17.9%	▼

Table 8

PALLIATIVE & END OF LIFE CARE (PEOLC)

The Partnership continues to plan our model of palliative and end of life care to provide more care in community settings and as close to home as possible, where this is desired and appropriate. Care often involves a range of health and social care services for those with advanced conditions who are nearing the end of life, and this includes access to specialist palliative care services.

Approximately 1,730 Falkirk residents die every year. It is estimated that up to 1,300 of these people are likely to have palliative or end of life care needs. Our ageing population means that the number of projected deaths is expected to rise, which will also increase demand for palliative and end of life care services.

We measure the percentage of last six months of life spent at home or in a community setting to provide a broad indication of progress in implementing our action plan to improve palliative and end of life care. This will help to increase the percentage of time that people spend at home or in a community setting during their last six months of life.

Ref	**Measure**	**15/16**	**18/19**	**20/21**	**21/22**	**22/23**	**Direction of travel**
86	Proportion of last six months of life spent at home	86%	86%	89.1%	88.4%	-	-

Table 9

COMPASSIONATE COMMUNITIES: LIVING RIGHT UP TO THE END

Strathcarron Hospice compassionate neighbour volunteer programme provides practical and emotional support for people with life-limiting conditions and their carers. The volunteers at Strathcarron Hospice know that palliative care and end of life support is not just about the last days and hours of life but helping to maintain a quality of life for the person and their family at every moment from the point of diagnosis.

The Compassionate Neighbours Programme takes a de-medicalised approach to care. Its volunteers are focused on ‘being there’ for people experiencing life-limiting conditions and their carers. By focusing on meaningful social interactions and practical advice, the volunteers support people to live well right up to the end. The programme also aims to combat loneliness, which is known to be damaging to physical and mental health, contributing to lower quality of life.

While these volunteers are known as ‘compassionate neighbours’, many of the people supported by them simply refer to them as friends. As well as providing a friendly listening ear and welcoming conversation, the volunteers offer:

- Support and advice in a comfortable and non-clinical environment, such as the person’s home or while out and about over a cup of coffee or a walk
- Open conversations about planning for the later stages of their life, including anticipatory care planning
- Helping people with long-term conditions, and their carers, to connect with community activities
- An opportunity for the person’s full-time carer to take a break
- Practical support with small tasks, which can be as simple as changing a lightbulb

The compassionate neighbour volunteers are trained by Strathcarron Hospice and are matched with people based on interests, suitability, and location. The match-up system is designed to make friendships natural so that both sides of the relationship benefit. Anyone can refer themselves to the programme or be introduced by a friend, family member, or GP who thinks they might benefit.

CASE STUDY: COMPASSIONATE NEIGHBOURS

J was referred to our Community Development Worker (CDW) from one of our third sector partners as he wished to watch his local football team but was unable to attend due to a long-term condition which has resulted in poor physical health.

The referring agency thought that a befriender would be the best solution to accompany J to the game. The CDW worked with the referring agency to make a link between J and the football club for the club to support him to attend the game and be accompanied by someone who is already passionate about the same club.

A relationship between this football club and the Compassionate Communities team has now been established, with the potential of a “buddy” scheme to bring together older supporters in the community.

**This case study has been anonymised and provided, with thanks, from Strathcarron Hospice.*

JOINT LOAN EQUIPMENT SERVICE (JLES)

Funded jointly by NHS Forth Valley, Falkirk Council, and Stirling Council, the Joint Loan Equipment Service (JLES) offers a range of equipment and aids to enable people to remain in their own homes across Forth Valley. The service primarily operates from a store in Falkirk, with small satellite stores geographically dispersed across the area. The Living Well Service complements the JLES service as it allows service users to access equipment and aids to self-manage some conditions.

Teams across the Partnership assess patient needs and use the loan service to provide access to almost 200 different pieces of equipment, including:

- Grab aids and handles
- Kitchen, bathing, and toilet aids • Large recliner chairs
- Hoists
- Hospital style beds

The service operates 52 weeks a year, providing evening and weekend on-call services. Illustrating the important role that the service plays in supporting people to continue living in their own communities, the service remained fully operational throughout the pandemic.

Over the last year, the service achieved:

- 20,428 individual items of equipment loaned across Forth Valley - 8% increase on the previous year
- 865 beds loaned across Forth Valley - 11% increase on the previous year
- 3,956 walking aids returned
- 2,663 walking aids suitable for re-issue after inspection and cleaning

- 2,575 new clients – 7% increase on the previous year
- 2,244 maintenance inspections carried out on equipment and 363 repairs completed
- 587 items of Prescribing Proportionate Care (PPC) equipment delivered to 154 individuals
- Over 200 mobile hoists loaned across the Forth Valley area
- Over 14,500 pieces of equipment returned to the store (not including walking aids)

OUTCOME 3:

People who use health and social care services have positive experiences of those services, and have their dignity respected.

CAREOPINION

Care Opinion is an online integrated platform where people can safely share their experience of any health service or Care Inspectorate-registered providers of adult social care services. Care Opinion has national scale and visibility and has successfully worked with all Scottish health boards as well as ten HSCP’s. Over 29,000 stories have been shared about health and social care services in Scotland on the Care Opinion platform.

With the support and guidance from the Care Opinion team and NHS FV Patient Relations Team, we will be implementing a phased launch of Care Opinion between April and August 2023.

Care Opinion offers the potential for Falkirk HSCP and providers to work together to understand what's working well and what could be improved. Service users and their carers or families can share stories of their experiences of care using Care Opinion. Their stories are then moderated by Care Opinion to ensure they are safe and support constructive online conversations. Staff can easily respond online, and the story author will be alerted to the response. Staff can also show when changes or improvements occurred because of a story.

Care Opinion supports the commitments outlined in our Participation and Engagement Strategy by ensuring the Partnership and providers have an innovative and independent mechanism to engage with a wide range of people locally. The platform provides a safe, easy-to-access, consistent feedback mechanism and enables point of care providers and the Partnership to demonstrate how we are listening, learning, responding, and improving services in relation to feedback. Care Opinion is an existing engagement tool that is already in use by NHS Forth Valley.

Care Opinion enables Falkirk HSCP and our commissioned providers to use online feedback as one method of learning from lived experience. This will drive forward quality service improvements, build a reputation for openness, to potentially avoid formal complaints, and develop a culture of transparency across the Partnership.

OUTCOME 4:

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

FUTUREMODELFORCAREATHOMESERVICES

In March 2021, IJB members approved a new model for Care at Home provision across Falkirk. The model will see significant change to the model of care delivered across our internal care at home service with the development of three specific service areas:

- Dedicated reablement
- Urgent response
- Maintenance care service

The internal service would focus primarily on reablement and urgent response services to ensure the maximum benefits of short-term interventions and rapid support at times or crisis. Most of the maintenance provision would be transferred to the independent sector. Unfortunately, the impact of Covid-19 across the partnership has delayed progress in relation to development of the model. It was originally anticipated the new model would be operational from April 2022 with a further extension to October 2022. It was intended that the model would go live within the same timeframe as changes to our commissioned care framework, however this too has been delayed.

The anticipated date for a new care at home contract is now April 2024. As such, we intend to work to refocus the internal care at home service to the new model over the period October to March 2023/24.

CUNNINGHAMHOUSE

Cunningham House provides good quality residential care for 20 people living with dementia. A project proposal was presented to staff, families, and residents on the future use of Cunningham House to create a new rehabilitation care facility, offering a support option currently unavailable in the Falkirk area. This will happen gradually, with Cunningham providing care for current residents for as long as they need to call it home. This approach enables residents to remain within their home and benefit from new co-located services which provides more support options, staff, knowledge, and expertise.

Moving to a rehabilitation model, the home will begin to offer physiotherapy, occupational therapy, and other specialist support from Allied Health Professionals. The proposal is part of a range of measures which are designed to help relieve pressure on local hospitals and support people to live independently within their community.

In the shorter-term, residents of Cunningham House will benefit from adapted facilities, including new gym facilities, equipment, and staff expertise. The staff at Cunningham House have a wealth of experience and will help shape the future of the home and support residents through this change.

Acknowledging the future needs of residential dementia care, investment will also be made to support local care homes to increase overall capacity. The proposed changes will retain the existing staff knowledge and expertise at Cunningham, while also creating additional jobs and rehabilitation support. Any changes to the building, and the services offered, will ensure the homely environment and high-quality of care is protected for current residents for as long as they require specialist dementia care.

FALKIRK COMMUNITY HOSPITAL MASTERPLAN

The Masterplan seeks to set out the vision for how existing services on the Falkirk Community Hospital Site, and related services could be developed, improved, and expanded to meet people's needs into the future. The project encompasses the planning for the delivery of health and care services for NHS Forth Valley and Falkirk Health and Social Care Partnership (HSCP) and includes capital investment from Falkirk Council for a new model of intermediate care. This provides an opportunity to develop new care pathways in partnership with our communities and staff. The redevelopment is central to the Falkirk IJB plans to deliver intermediate care, review community bed-based care and to work in partnership with the third sector to support and care for people within their communities.

Digital transformation requires to be at the heart of any future reform. Future business cases will ensure that next generation digital services are core to creating sustainable, quality services. This includes the expansion of virtual appointments, remote health monitoring, remote desktop server solutions and new primary care eHealth systems, ensuring that technology supports a more inclusive, patient led experience.

During the extensive stakeholder engagement, the concept of a “Living Well Hub” as a key element of the project has emerged. A “Living Well Hub” could be the connector for other, more formal services provided for within the masterplan, while potentially providing opportunities for people to connect in an informal manner, potentially around a community café run as a social enterprise to address social isolation and providing a gateway to other supports that are available.

The hub would be integral to locality-based services such as phlebotomy, volunteer and carer support, providing opportunities for person-led “making every opportunity count” conversations and helping signpost and connect people with supports in their own community. The use of digital and innovative technologies can be used to monitor key wellbeing and health indicators such as blood pressure, weight etc., and receive advice on self-management of long-term conditions as well as providing a place for people to access digital health and social care services through innovations such as Near Me. The “Living Well Hub” can provide drop in spaces to receive health improvement advice and support such as smoking cessation or holistic wellbeing activities delivered by third sector organisations.

To support the Strategic Assessment development, several workshops have taken place and have been attended by a range of stakeholders. Several other key activities have been undertaken in the development of the Strategic Assessment including:

- Development of seven Clinical Output Specifications for each service area/workstream
- Site walk round existing facilities
- Data validation of all existing services with NHS Forth Valley Information Team
- Lessons learned from Bellfield intermediate care development captured and considered
- Establishment of Short Life Working Group to identify and scope the Living Well wellbeing component of the service model

Significant engagement has been undertaken in the development of the master planning and Strategic Assessment. The work has been undertaken with a range of stakeholder groups including significant input from members of the Strategic Planning Groups of both IJBs. The Strategic Assessment has looked at the range of services currently provided as well as exploring future healthcare needs across the area.

In response to new national planning arrangements for capital projects recently introduced by the Scottish Government, the next step for the master plan project will be the development of an Initial Agreement. This will now be integrated into a Whole System Plan for the Forth Valley area. A series of projects will be aligned in a new long-term planning approach for health and care services across Falkirk and wider Forth Valley area.

URGENTANDUNSCHEDULEDCAREPROGRAMME

The new National Urgent and Unscheduled Care collaborative aims to bring together teams across Health and Social Care with a single common aim, to deliver the right care in the right place, for every person, every time, optimising health outcomes for people. The Collaborative will support Boards and HSCPs to work collectively to develop, test, and learn from each other as new models of care are implemented through a ‘people, not hospitals’ lens.

An Urgent and Unscheduled Care Programme has been established across Forth Valley, overseen by a programme board co-chaired by the Chief Officers and Medical Director to support the delivery of the three agreed high impact change workstreams:

- Redesign Urgent Care and Urgent and Emergency Assessment
- Discharge without Delay
- Virtual Capacity

The Discharge without Delay programme workstream operates cross system and is jointly led by both Partnership Heads of Service and the Head of Nursing in Acute. The focus over the recent period has been on communication, education, and promotion of “Home for Lunch” which supports people to go home earlier in the day, and “Planned Date of Discharge” which aims to establish a clear date of when someone will go home (or to a community setting) at the earliest possible stage during their stay in hospital. A whole system day of care has also been trialled, including community hospitals and intermediate care settings.

BO’NESS COMMUNITY HOSPITAL GARDEN

The outdoor space at Bo’ness Community Hospital has been transformed into an oasis of colour, thanks to community efforts and £15,000 of National Lottery Funding. The revamped outdoor space at Bo’ness was officially opened on Sunday 12 June 2022. Bo’ness Fair Queen Ellie Van Der Hoek cut a ribbon to declare the garden open, assisted by patient Margaret King, aged 102. The Bo’ness Belles singing group then entertained visitors and patients at a special garden party.

The revamp included:

- New raised flower beds and hanging baskets
- Wheelchair-accessible fruit and vegetable beds
- New seating for patients and visitors – including wooden arbours
- A water fountain to attract birds into the garden
- Garden wall mosaics, using dementia-friendly colours
- Vintage advertising signs on repainted, colourful fences
- Storage space for garden tools and furniture

WINTERPLANNING

A whole system winter plan brought together the operational winter plans for the HSCPs, Acute services, Women and Children’s service, and Primary Care. The health and social care system in Forth Valley is under significant and sustained pressure from urgent and unscheduled care demand. The Winter Plan summarises the actions already underway to improve capacity and flow across the Forth Valley.

In addition, the Winter Plan addressed the anticipated additional pressures associated with the winter period, which included the following:

- Managing the additional demand from increased exacerbation of respiratory conditions in the winter period
- Preparing for the potential impacts of Covid-19, flu, RSV, and Norovirus

- Delivering the winter vaccination programme to eligible Forth Valley residents and health and social care staff
- Preparing for the impact of winter weather
- Ensuring availability and continuity of services during the festive fortnight and the two weeks following it
- Maintaining planned care capacity throughout the winter period

Non-recurring funding of around £528,000 was allocated to Forth Valley to support increased winter capacity and preparations for winter. A process, which has been established locally in previous years, has taken place to prepare and prioritise potential funding proposals which meet criteria for improving capacity and flow across the system. Activities funded in Falkirk include:

- Continuation of the third sector “Hospital to Home” initiative
- Purchase of additional equipment for JLES to ensure stock levels are robust over the winter period
- Incentivising external providers to expand their assessment capacity to accelerate the roll out of “Prescribing Proportionate Care”
- Additional capacity to provide training to care staff on rehabilitation ethos and skills, small equipment provision and awareness of mobility issues to support the reablement of service users and reduce long term dependence on care services.

OUTCOME 5:

Health and social care services contribute to reducing health inequalities.

HEALTH INEQUALITIES AND WELLBEING FUND

The Health Inequalities and Wellbeing Fund aimed to develop community-based services and projects that minimise health and social inequalities and improve people’s health and wellbeing. This funding programme was developed by representatives from the HSCP, Falkirk Council, and CVS Falkirk. The total value of the fund was £772,402.

This fund supported two key priorities: health and social inequalities and health and wellbeing, with applicants supporting at least one priority. This fund was open to community groups, third sector groups, and statutory organisations. They could apply for up to £25,000 per annum for a two-ear period as the fund is non-recurring and is to be spent by March 2024.

This fund could be used to support projects or services that contributed towards improved health and wellbeing within localities as well as for projects that supported the development of recommendations as outlined in the Independent Review of Adult Social Care (IRASC), particularly in relation to earlier intervention and prevention, service user and carer participation, and self-management. For projects supporting health and social inequalities, they also had to support at least one priority of the Public Health Priorities for Scotland.

This fund could be targeted towards reducing health or social inequalities for a particular group or community. It could support people, groups, or communities whose health and wellbeing has been most adversely impacted by Covid-19. Collaborative working was encouraged to ensure that a whole systems approach was adopted to tackling health and social inequalities.

During two competitive rounds of applications, 40 applications were submitted to the Health Inequalities and Wellbeing Fund with a total grant value of almost £1.4 million (£1,390,550). The panel, made up of representatives from Falkirk HSCP, Falkirk Council, CVS Falkirk, and Forth Environment Link, assessed the applications and recommended approval for 23 projects with a total grant value of £741,266.50.

Strathcarron Hospice was awarded £38,925 to fund a new member of staff dedicated to helping connect people experiencing feelings of loss and isolation following bereavement. The Bereavement Community Connector project will support people to access local interest groups and peer support. This pilot project will focus on normalising grief and supporting individuals, progress toward a whole system approach to coordinate existing networks and create sustainable support capacity within local communities.

KLSB Community Group opened a small community pantry just before the Covid-19 pandemic and worked alongside Stenhousemuir Football Club and Falkirk Council to help thousands of people put food on the table during the pandemic, running a food distribution centre out of the Dobbie Hall. The group is now establishing a new community hub and kitchen, where they will use £29,069.42 awarded from the Health Inequalities and Wellbeing Fund to run several classes for members of the local community in Stenhousemuir. With a focus on mental health and wellbeing, these classes will build confidence and teach cooking skills while also promoting healthier eating.

Fedcap Employment Scotland was awarded £31,140 to establish the Healthy Minds, Inspiring People programme which aims to support people in the Falkirk area who have learning disabilities and difficulties (LDD) who are struggling with their mental health and confidence to allow them to make a positive next step in their life.

CASESTUDY:FRIENDSOFSCOTTISHSETTLERS(FOSS)

Friends of Scottish Settlers (FOSS) supports asylum seekers and resettled refugees new to Falkirk. They were awarded £50,000 from the Health Inequalities and Wellbeing Fund to employ two new part-time Volunteer Coordinators and a Volunteer and Partnerships Manager.

Working in partnership with Under The Trees has helped provide regular cycling sessions for their service users and FOSS volunteers. There are now eight bikes for service users to use on Sundays - two of which are electric. A trained instructor helps service users to stay safe and provides gear such as bright vests and helmets. FOSS are also coordinating bike repairs so that three more bikes will be made available for the residents and that a safety check is performed. Food is provided which is halal and safe for transporting to campfire events. It also gives the befrienders a chance to chat with the guys outside of the hotel and get them exercise.

**This case study has been anonymised and provided, with thanks, from Friends of Scottish Settlers (FOSS).*

NHS COMMUNITY GRANTS SCHEME

The NHS Community Grants Scheme supported local organisations and community groups to reduce health inequalities and improve mental health and wellbeing. Eight organisations operating within the area received £3,975 in grants. These grants supported projects as diverse as volunteers driving patients to treatments outside the area, enabling young people with disabilities to participate in social events, and providing specialist resources for families experiencing domestic abuse.

ANNUAL HEALTH CHECKS FOR PEOPLE WITH LEARNING DISABILITIES

People with learning disabilities have some of the poorest health outcomes of any group in Scotland. Last year, new evidence was published by the Scottish Learning Disabilities Observatory that adults with learning disabilities are:

- Twice as likely to die from preventable illnesses
- Twice as likely to become infected with Covid-19
- Twice as likely to have a severe Covid-19 infection
- Three times at greater risk of death due to Covid-19
- Die to average twenty years earlier than the rest of the population

To bring in line Scotland with the rest of the UK, Scottish Government has issued Directions regarding the implementation of annual health checks for Adults with Learning Disabilities. Where there are already provided, these have been proven to be effective in improving the management of long-term conditions as well as cost-effective.

GP Practices will be required to identify patients and hold a register. This register is already a requirement under the pre-existing Enhanced Service for Adults with Learning Disabilities operated locally however the Directions do require additional inputs including seeking to identify those under 16 years who will become eligible for these reviews in future.

Based on indicative numbers provided by GP Practices in August 2022, it is anticipated that 870 patients in Falkirk will be in scope for this project. It is likely that as the project develops and awareness is raised the number may increase as those who identify as having a learning disability are included, as well as those who may be formally diagnosed. Some of these adults will already be under the care of the specialists Learning Disability team or already receive a health check due to other health conditions they may have.

The specialist Learning Disabilities team continue to support individual patients and work with GP Practices in a shared care arrangement for those individuals within scope of their service, often those most profoundly affected.

A pilot project has been in place with two GP Practices, Keeping Well team, and Learning Disabilities team up to March 2023. This pilot supports the ongoing learning regarding the needs of this patient cohort with varied and complex health considerations. Feedback from patients within the pilot has been generally positive although completing the health check in full requires significant time commitment to be effective.

Going forward, plans to offer the annual reviews to larger numbers of patients will be developed, recognising both the individual needs of the patients and the capacity pressures in Primary Care Services.

TACKLING POVERTY IN FALKIRK

In preparation for the winter period and the rising cost of living, work was undertaken with partners to gather information and to establish measures to support people experiencing poverty. Through initial analysis, the following groups were identified who we anticipated to disproportionately struggle through winter:

- Low-income households
- Households supported by social security benefits
- People with long-term health conditions, including mental health
- Carers
- Older People

To support these groups, the following support was available:

- Payments in lieu of free school meals during school holidays
- Additional support to help people access benefits and support they are entitled to
- Falkirk Household Support Fund
- Falkirk Covid Recovery Fund
- Falkirk Fuel Payment
- Free Swimming with the GoCard
- Free Period Products

In addition to national and local government support, people can also access support via the third sector. Some of the support provided via the third sector has been supported by the Health Inequalities and Wellbeing Fund which allocated £741,266.50 to projects targeting health and social inequalities.

The Partnership has continued to develop and expand the Community Link Work Programme across the Falkirk area. There are currently seven community-based and three hospital-based Community Link Workers. Community-based workers are in GP practices with populations of high levels of deprivation and provide targeted support for people experiencing a range of inequalities. Hospital-based workers support people at the point of discharge and promote access to a range of community-based support.

With a focus on the cost-of-living crisis, we developed an internal briefing which has a comprehensive overview on the support offered by these organisations for the targeted groups. The topics covered in the brief included:

- Housing and rent
- Energy and household bills
- Food and living costs
- Benefits and welfare
- Carer support
- Mental health
- Advice and support options • Support for organisations

The objective of the brief was to collate all relevant information so that HSCP staff are aware of the support on offer. This will ensure the most vulnerable are support. The brief was distributed across the HSCP to help staff to signpost service users to appropriate support. Support available for organisations within the community was also listed within the brief.

In a wider poverty context, 'Think Poverty' training sessions took place during Poverty Week and 133 staff members attended from across Falkirk Council and the HSCP. The training raised awareness and understanding for staff members and promoted the range of advice and support available.

An emerging consequence of the rising cost of living is the affect it will have on the mental health and wellbeing of people, including frontline staff and volunteers. The Scottish Government Wellbeing and Prevention Unit have gathered evidence on what affect the cost of living will have on mental health. They have developed a money and mental health toolkit and are continuing to talk with key partners about mental health. Locally, we are already seeing an increase in demand on community-based services. The Partnership have prioritised mental health and are working closely with local organisations to consider capacity and demand.

The HSCP, along with Community Planning Partners, will continue to promote public use of existing facilities such as libraries and community centres over winter. Partners are working together to share information and continue to have further discussions about how to support communities.

STAY WARM, STAY WELL: FUEL POVERTY TRAINING

More than one in four people in Scotland can’t afford to heat their homes to an adequate level. For those living in fuel poverty, the consequences are ill health, discomfort, and debt. This often means choosing between heating and eating.

The Stay Well, Stay Warm course covers the impact of fuel poverty on vulnerable households, and how staff can signpost and raise awareness of support schemes and effective energy efficiency improvements. This training was made available for the Partnership’s frontline staff and third sector partners.

The course aims to:

- Improve understanding of domestic energy efficiency and the impact of fuel poverty on vulnerable, low-income households
- Raise awareness of schemes/grants and other support mechanisms for energy efficiency improvements, creating an effective means for linking those in need with the help that’s available

By equipping frontline staff with the necessary knowledge to advise and support people who access their support and services, the Stay Warm, Stay Well training helps to establish sustainable solutions to many energy-related issues. Three courses were delivered on 28 November, 2 December, and 5 December 2022 with a total of 34 people attending the training.

OUTCOME 6:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

SUPPORTING CARERS

During 2022/2023, we continued to encourage carers to think about their own outcomes (rather than focusing only on those of the cared for person) to improve their health and wellbeing. It became apparent during the restrictions imposed by the pandemic that many carers did not think about their own outcomes as they were so focused on the outcomes for the person (or people) they care for.

There has been a renewed focus in helping carers to understand their own need for support and to see this as something that can enhance their health and wellbeing to enable them to continue in their caring role, if this is what they wish to do. To support this, we continue to deliver support that created ‘safe spaces’ or activities for carers to enable them to relax and enjoy some time for themselves.

Flexible respite requests enable carers to request items which can allow them to pursue a break from their caring role according to their needs and interest to support their outcomes. We also supply IT equipment to carers which allow them the opportunity to connect with online carer forums as well as connect to family, friends, and other activities or interests.

During 2022/2023:

- 23 unpaid carers have made flexible respite requests to the HSCP Short Breaks Bureau (SBB)
- 3,796 overnight stays for cared for people – an increase from 2,923 in 2021/2022
- On average per quarter, 178 unpaid carers accessed specialist financial support from the Citizen’s Advice Bureau Help for Carers project
- On average per quarter, 76 families accessed support from FDAMH’s Family and Carers Support Service
- On average per quarter, 55 carers accessed individual support from

FDAMH

- 50 carers have taken part in FDAMH’s training courses

Ref	**Measure**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**Direction of travel**
60	Percentage of service users satisfied with their involvement in	98%	99%	98%	98%	-	-

the design of
their care
package
61 Percentage of 90% 91% 89% 90% - -
service users
satisfied with
opportunities for
social interaction
62 Percentage of 93% 93% 93% 90% - -
carers satisfied
with their
involvement in
the design of
care package
63 Percentage of 91% 91% 91% 91% - -
carers who feel
supported and
capable to
continue in their
role as a carer

OR feel able to

continue with

additional

support

Table 10

The Falkirk and Clackmannanshire Carers Centre supports carers at the early intervention stages, supporting those who are assessed as low or moderate on the unpaid carers eligibility criteria by providing information, signposting, assisting with support groups, providing grant funding, etc. Citizen's Advice Bureau and Falkirk & District Mental Health Association (FDAMH), funded through Carers Funding, also assist with supporting carers at early intervention stages and work with carers in an outcomes-focused way.

The Falkirk and Clackmannanshire Carers Centre has continued to provide targeted support for unpaid carers of all ages. With the ongoing impacts of the pandemic, the complexity of support that carers are providing due to the crisis in social care, and the cost-of-living crisis, many carers are struggling to cope. More people than ever before are now caring for a relative, friend, or neighbour because of disability, physical or mental health issues (often long-term), frailty, or substance misuse. As a result, we have seen unprecedented requests for support from carers, many of whom are providing significant amounts of care often without a break for prolonged periods of time.

To address the increasing list of carers in need of support, the Carers Centre has worked closely with the Health and Social Care Partnership to help increase our capacity and consider future developments that we hope will allow us to support more carers at the right time in the right way and by the right people.

In the last year, we have strengthened our working links with Falkirk & District Association of Mental Health (FDAMH) and provided a space within the Carers Centre for delivery of mental well-being support for carers connected with Alzheimer Scotland and CAMHS to deliver carer training. We are in the process of collectively developing a programme for carers, and the people that they care for, with the Centre of Well-being. The development of this work has been made possible with funding from the Carers Challenge Fund and will allow us to deliver a wider range of groups from the Centre and within localities.

We are pleased to share some of the highlights and case studies which demonstrates the depth and importance of our work over the last year.

DIGITIAL DEVELOPMENT WORKER The Digital Development Worker (DDW) continued to use social media to improve access to information and support for a greater number of carers. During 2022/23, the Carers Centre had 1,568 (+350 for the period) followers on Facebook and 804 (+100 for the period) on Twitter and 10,673 website visits. Events and activities promoted via these channels included:

- Carers week
- Carers Rights Day
- Carer trips and activities
- Christmas Prize Draw for carers
- Various local and national consultations including Falkirk Carers Strategy

3,581 carers received newsletters and E-bulletins promoting information, support and involvement opportunities for carers including Short Breaks information relating to Respitality, and Falkirk FC matchday tickets were designed and distributed to a targeted list of carers via our mailing list. An increased number of enquiries from carers about short break options resulted from this.

Carers told us that filling out long forms and being asked the same things multiple times added to the stress of caring. The work of the digital development worker has enabled the Centre to streamline registrations with the centre, simplify grant applications, and make it easier for carers to complete evaluations to share their feedback. These developments have helped us to ensure that we have improved the accuracy of the collation of Carer Census information.

ADULT CARER AND PARENT CARER SUPPORT

Individual support for adult carers included listening and emotional support, provision of information, benefits support, and help to complete an Adult Carer Support Plan (ACSP).

During 2022/23:

- 1,370 adult carers received individual support by phone, email, or online. Of these, 517 were newly identified carers.
- 438 carers were offered or requested an ACSP and 416 ACSPs (Adult Carer Support Plans) were completed with carers.
- 898 carers were referred to the CAB (Citizens Advice Bureau) ‘Help for Carers’ project for financial support.

With the Partnership funding secured in 2021 to develop telephone support and digital developments within the centre, the Telephone Support Team has completed 180 ACSP reviews and supported 328 carers providing one-to-one support for those who are experiencing a period of crisis, poor mental health, or isolation due to their caring role. Further funding has been secured to further increase the reach of the Telephone Support Team and the Adult Carer Support Team. To date, the waiting list for an ACSP sits at 208 which is around a 12-week wait.

COUNSELLING

Carers told us during the reviews of their ACSPs that they were experiencing long waits for counselling support and many carers were applying for Short Break grants to pay for private counselling. With some funding from the Scottish Government Winter Pressure Fund, we were able to support carers to access a specialist carer counsellor. As a result, 29 carers have benefited from 151 hours of CBT support. With well-being funding from the HSCP, three staff members enrolled on the COSCA course with FDAMH.

CASE STUDY: COUNSELLING FOR CARER

Carer is a stay-at-home father. He has two children, and the family were living off one wage. His daughter needed hospital treatment which meant extensive time journeying between home and hospital. Returning home for a period of complex care was becoming very intense and the carer had reached a point of exhaustion which was adding tremendous pressure on the family relations.

The carer began to resent his role and was angry and despondent when respite was insufficient. The waiting time to receive a package of care took its toll and the carer announced they needed more specialised support as he was worried that the pressure would fracture his family.

Counselling sessions were completed, and the carer responded with, “It was a positive experience at a period of real negativity. It was so good to just share my feeling with another person who was not connected to me, who would just have the time to sit and listen.”

“I was able to walk away after the sessions with a clearer mindset on how I was going to face the difficulties and work through them.”

**This case study has been anonymised and provided, with thanks, from Falkirk & Clackmannanshire Carers Centre*

CARE WITH CONFIDENCE

The Care with Confidence programme has continued to include a wide range of sessions for carers online via Zoom, in person at the Carers Centre and in other venues, and via blended sessions which are accessible both online and in person. Technology to offer the blended sessions was developed and improved over the year. Sessions are offered to provide information and skills to carers to help them in their caring role and to improve their health and wellbeing and can be accessed during the day and in the evening. From April 2021 to December 2022, 65 Care with Confidence session took place with 562 carer attendances.

Regular Care with Confidence sessions provide information to carers to help them in their caring role and improve their health and wellbeing. The Care with Confidence programme included sessions for carers in conjunction with Home Energy Scotland (HES) which looked at how Home Energy Scotland (HES) could help carers save money through having a free home survey carried out as well as providing information on grants which are available to help with the cost of upgrading heating systems.

SESSIONS FOR PROFESSIONALS Regular online carer awareness sessions, which provide information about carers' needs and rights and the support that is available from the Carers Centre and other organisations have been offered to professionals who work with carers. Five of these sessions were delivered in the first three quarters of the year with further sessions planned in the final quarter.

SHORT BREAKS FOR CARERS

This year, the Carers Centre supported 363 carers living in Falkirk to apply for and receive a short break grant, 112 of these grants were thanks to Partnership funding. As of December 2022, the Centre had allocated all the short break funding made available to them, leaving a shortfall and a waiting list of carers who are eligible for short break grants.

Overall, the Centre has:

- Provided 1,027 hours of support to carers to help them have a break
- Continued to develop the Respitality support within the local community
- Supported 25 carers to access national Respitality offers, which were mostly overnight breaks
- Brought on 2 new providers of Respitality: Canyoning Scotland and Brucefield Estate
- Supported 113 carers to apply and successfully have a break via ScotSpirit

- Organised and allocated 800 football tickets to carers and their families in partnership with the Falkirk Foundation

YOUNGCARERS

The combination that Covid-19 and financial pressures, has been overwhelming for many families who have for the first time faced a cost-of-living crisis. The support the service could offer has been vital to giving young carers the opportunities for respite through activities and transport provided.

During the first three quarters of 2022/23, a Young Carer Statement (YCS) was offered to 62 Young Carers (YCs) and completed with 58 YCs. Using the ‘Good Conversation‘ model, the Young Carers Worker and the YCs decide together what actions should be in the YCS.

Some of the actions that YCs were supported with were monthly groups, one-to-one support, support at school, short break grants, and support to link with different community groups and support. The group sessions that are delivered by the Carers Centre varied from 2 to 3 hours long. 17 different activities were offered with over 62 sessions delivered and over 476 attendances by 159 young carers.

Falkirk and Clackmannanshire Carers Centre have been fortunate to receive Big Lottery funding to help them ensure that the Voices of Young Carers are heard both locally and nationally. The Young Carers Involvement Worker is an active partner of the HSCP and has helped to build on our relationships with Education colleagues in schools and colleges to raise awareness, introduce support options, and help with bridging the education attainment gap that Young Carers are more likely to fall through.

YOUNG ADULT CARERS

In 2021, we were granted funding from Carers Trust ‘Making Carers Count’. This funding has enabled us to provide a dedicated service to an often forgotten and hard to reach group of carers. Young Adult Carers (YACS) often find it difficult to find the support that they need as carers. 65 YACs are now accessing support from the Carers Centre to achieve the outcomes identified during a good conversation when developing their Adult Carer Support Plans or Young Carer Statements. Support includes groups, one-to-one support and residentials as well as self-growth grants (funding towards clothes for interviews or new jobs, training courses).

CARER WELLBEING, TRIPS, AND ACTIVITIES

Funding from the Falkirk Health and Social Care Partnership helped us to provide opportunities for parent carers and their children with multiple complex needs to attend an organised and fully supported trip with other families.

During 2022/23, we arranged the following:

- Trip for families to M&D’s Theme Park
- Day out to Edinburgh Zoo
- Family fun day
- Pumpkin picking
- Cineworld trip

- Christmas lunch
- Evenings at the well-loved local pantos

The trips were appreciated by all, and the feedback that we received was extremely positive. Not only did the trips allow families to enjoy a day out, but it also let them to do so in confidence. These trips allowed carers to attend somewhere they may not have been able to get to without the support of the Carers Centre and meet other carers and families that they may not have otherwise met. Telephone numbers were shared, peer support offered, and friendships formed. A total of 368 carers and people that they care for attended the trips and activities.

Parent carers said they had seen their children take part and engage in activities they never thought they would. Other carers stated the activity had been on their to do list for some time, but they did not have any way of getting to and from the theme park or the confidence to try it. Food vouchers were provided for everyone, removing the stress from lunch preparation, and the costs associated.

Events, like the family fun day, provide further opportunities for children and parents to make friends building their confidence to interact and try new things. Children came in the door on the day and with support went from only being comfortable in the “quiet zone” initially, to winning prizes at the disco, it was a special day for all who attended. A variety of ages attended and there were some friendships formed between children. Matching face paints and glitter tattoos were received along with usernames for gaming accounts exchanged.

These activities were offered to carers who had recently registered with the Centre, allowing them to get an understanding of the support available to them and to build good connections with other parent carers who were new to the service. Children who attended the trips were delighted and enjoyed spending quality time with their family. This was a good opportunity for staff to introduce themselves and the service.

CARER REPRESENTATION

The Carers Voice meetings give carers a forum to come together to discuss and feedback on their experiences. Carers who attend the Carers Voice meeting, come along because they have told us they are interested in making a difference and being involved in local and national decision making that may affect carers. A member of the HSCP Carers Team attends each Carers Voice Group meeting and responds to carer feedback. The HSCP Carers Team also attends information events such as those held on Carers Rights Day.

A total of 3,248 carers have been invited to have a say in 29 involvement opportunities, including various consultations and in the developments of the new strategic plan and the local carers strategy. Several carers this year have attended Integration Joint Board (IJB) Carer Representative training which was developed and delivered in partnership with Carers Scotland and the Health and Social Care Partnership. The training was designed to give carers the knowledge and confidence to attend local and national carer groups and platforms. We now have a small, but active, group of carer reps, including an IJB rep, whose roles are to attend meetings on behalf of carers to ensure carers voices are heard and included in decisions that can affect them.

CARERSCHALLENGEFUND

Work is ongoing to identify support for carers, including the commissioning of new or enhanced support options. With approval from the Senior Leadership Team and the Chief Finance Officer, a Carers Challenge Fund was launched at the end of 2022. We are engaging with local organisations to attract applications from organisations working with carers to increase the range and quality of support available. So far, the challenge fund has been promoted at

CVS Funders Fayre and CVS Health and Wellbeing Group, which is attended by third sector organisations delivering projects to improve wellbeing.

SELF-DIRECTED SUPPORT (SDS)

Progress towards full implementation of Self-Directed Support continues while taking account of the continued impact of Covid-19. Services are gradually recovering but have still not returned to pre-Covid levels. Demand is high and capacity within services are stretched, particularly to care and support at home, in the community, and carer support. Thus, individuals and carers are not always able to access the same level and/or type of support and care that was available before Covid-19.

The Scottish Government updated the Statutory Guidance for SDS in October 2022. The SDS team has reviewed this and is linking with local arrangements with appropriate advice and guidance from colleagues, e.g., Legal services, Housing, and Occupational Therapy.

The Scottish Government Policy Team is leading the work to develop a new National Implementation Plan which will outline the priorities for implementation of SDS across Scotland for the next three years. The SDS Team is engaging with this development and will use the implementation plan to inform implementation in Falkirk.

We are now planning to convene a Self-Directed Support Steering Group to steer the work of implementation of SDS across Falkirk. This will be a multi-agency group and will use all relevant local and national policies, developments, and learning to improve SDS policy and processes across Falkirk.

The SDS team continues to engage with national groups through the programme of work being led by Social Work Scotland and the Scottish Government. This work spans several areas including sharing practice across Scotland, planned review of the SDS Framework of Standards, model agreement for Direct Payments, Personal Assistant (PA) Programme

Board and workforce developments including, identifying the size of the PA workforce and how to recognise, value, and support them as a growing part of the social care workforce.

We have continued to support those with care and support needs and their carers to try to ensure SDS Options can offer a flexible approach to care and support while ensuring outcomes and needs are met safely, while taking a flexible approach. We continue to support social work staff, particularly those carrying out assessments within the locality teams to ensure SDS Options are offered, and that staff are supported to set up the support using appropriate contracts for the relevant option.

Partnership working with the third sector continues to remain a significant element of the work. Work continues with SDS Forth Valley and further discussion about how we can improve support through partnership working is ongoing. This includes the SDS Forth Valley Support in the Right Direction funding from Scottish Government (SiRD).

The work on the pilot project with the Central Locality Social Work Team has evolved based on the learning from the first phase of the pilot. The aim remains to provide advice and information about what to expect at assessment, potential to access community or personal resources/networks and information about SDS Options, should there be eligible support needs identified through social work assessment. The learning from the pilot will be used to help streamline processes and support people that are waiting for assessment.

SDS Forth Valley continues to offer a hybrid model for meeting with service users and carers to support them with advice, information, and practical support to understand the SDS Options and to help them set up their support. Several videos, along with fact sheets, support this work and the option to meet online or in person to go through the range of options and set up support remains. This continues to work well for individuals, families, and carers, particularly where people work during the day and can't attend face-to-face meetings.

We continue to supply and deliver PPE to employers for their personal assistants. PPE has also been located at Falkirk and Clackmannanshire Carers Centre to ensure unpaid carers have access to this where required.

Requests for information and support for all SDS options continue. The issues with capacity within care and support provision can sometimes mean that individuals and carers are selecting the option that will result in faster access to the support they need. This continues to offer flexibility, but the preferred option may not immediately provide the level or type of support initially hoped for. The SDS team, along with locality team staff and SDS Forth Valley, continue to support individuals and carers to identify and secure their care and support in the most appropriate way for their circumstances.

The SDS and Short Breaks teams will continue to work closely with colleagues across the sector to ensure we can respond with the most appropriate and relevant support available.

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	Direction of travel
37	SDS Option 1: Direct payments (data only)	35 (0.7%	27 (0.6%)	29 (0.7%)	25 (0.5%	-	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	17 (0.4%)	96 (2.0%)	-	-

39 SDS Option 3: 3,875 4,009 4,128 4,525 - -

Local Authority (90.1%) (88.8%) (92.7% (94.6%) arranged (data only)

40 SDS Option 4: 197 376 279 135 - -

Mix of options (4.6%) (8.3%) (6.3%) (2.8%) (data only)

Table 11

OUTCOME 7:

People who use health and social care services are safe from harm.

SEXUAL HEALTH AND BLOOD BORNE VIRUSES (BBVS)

The Health Improvement service supports the delivery of the National Sexual Health Blood Borne Virus (BBV) Strategy. It aims for fewer sexually transmitted infections, fewer unintended pregnancies, a reduction in the health inequalities gap in sexual health, and for people affected by blood borne viruses to lead longer and healthier lives.

We provide a free Condom Distribution Scheme targeted at populations most vulnerable to poor sexual health outcomes. The scheme includes training for staff to support these targeted groups with information and signposting to sexual health services as well as providing condoms to protect against unplanned pregnancies and sexually transmitted infection, including HIV.

In the Falkirk area, 1,283 orders of condoms are distributed via post (55% of total orders). 38% of followers and 43% of traffic to the Central Sexual Health Facebook page come from the Falkirk area. The following areas are outlets for the Condom Distribution Scheme:

- Recovery community
- Addiction services
- Health centres/GP practices
- Forth Valley College
- Community Mental Health Team
- The Meadows

TOBACCO AND CANNABIS AWARENESS SESSIONS

NHS Forth Valley’s Health Promotion Service invited staff to new online Tobacco and Cannabis Awareness session on Tuesday 20 September 2022. The training was aimed towards any staff and volunteers working across Forth Valley services who have opportunities to have discussions around tobacco and cannabis use with the people they work with to promote positive health and wellbeing as part of their role.

The training session aimed to:

- Provide knowledge and confidence around tobacco and cannabis
- Provide an awareness of the reasons people smoke/use cannabis
- Increase confidence in discussing tobacco and cannabis
- Encourage referrals to the Stop Smoking Service (Quit Your Way)

STOP SMOKING SERVICE – QUIT YOUR WAY

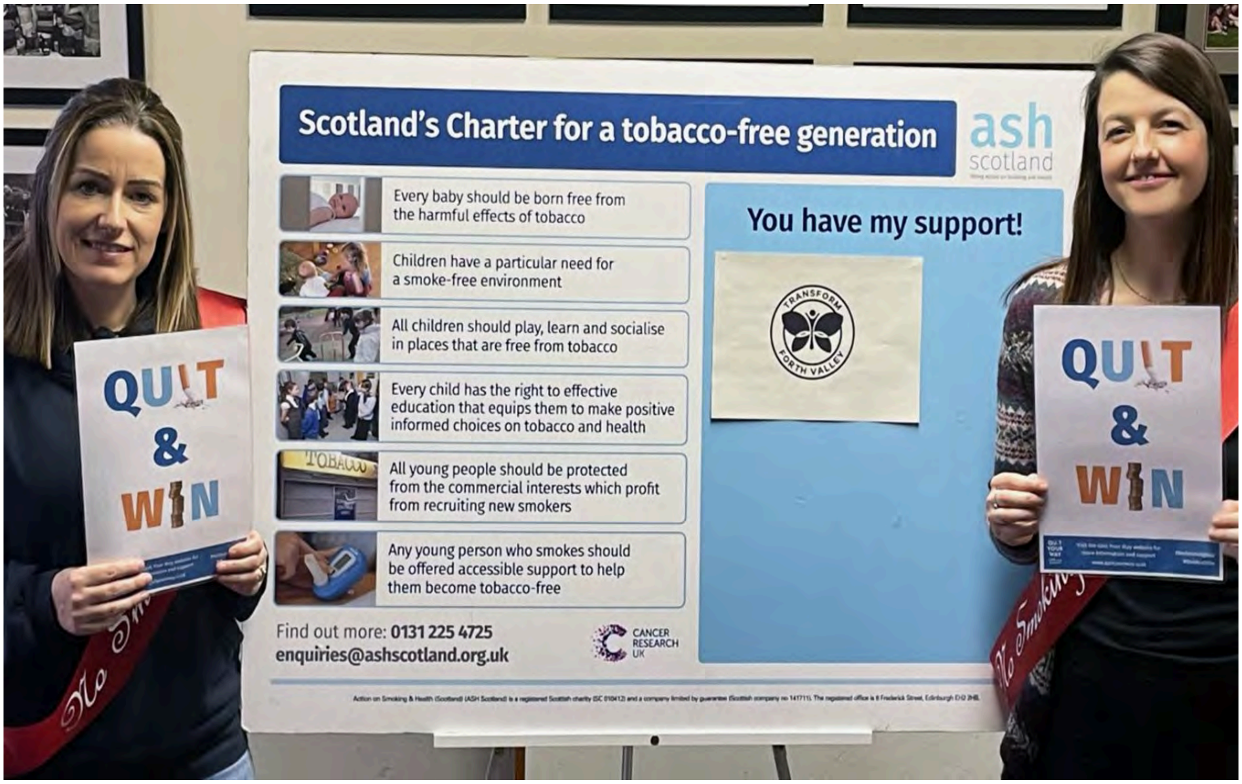
102 participants from Falkirk have attended tailored very brief advice tobacco sessions since April 2022. These sessions are individually tailored for health and social care workers to link the participants with the Tobacco-Free Generation 2034 Strategy and the important work that is going on around reducing smoking prevalence to improve the long-term outcomes for individuals and communities. Over 500 people were referred to the Quit Your Way service over the year, and over 70 had reached 12 weeks of not smoking by the end of the year. 40% of people accessing the service were from the most deprived populations in the area.

	Total
Referrals	544
Set quit date	153
4-week quit success	101
12-week quit success	74

Table 12: Quit Your Way

WORKING TOWARDS A TOBACCO-FREE GENERATION

Local sports clubs, charities, businesses, community venues, groups, and representatives from across Forth Valley have committed to help reduce the harm from smoking by supporting Scotland’s Charter for a Tobacco-Free Generation by 2034.


Scotland's Charter for a tobacco-free generation
ash scotland
Every baby should be born free from the harmful effects of tobacco
Children have a particular need for a smoke-free environment
All children should play, learn and socialise in places that are free from tobacco
Every child has the right to effective education that equips them to make positive informed choices on tobacco and health
All young people should be protected from the commercial interests which profit from recruiting new smokers
Any young person who smokes should be offered accessible support to help them become tobacco-free
Find out more: 0131 225 4725
enquiries@ashscotland.org.uk
CANCER RESEARCH UK
You have my support!
TRANSFORM FORTH VALLEY
QUIT & WIN
QUIT & WIN
No Smoking

SUBSTANCETRAINING

10 participants from Falkirk completed the Overdose Awareness and Naloxone Intervention training, along with 39 participants who work across Forth Valley. These training sessions are part of a nationwide campaign to raise the public's awareness of the signs of a drug overdose and the life-saving

medication Naloxone, which can reverse the effects of opioid drugs like heroin, methadone, codeine, morphine, and tramadol.

13 participants from Falkirk completed the Naloxone Training for Trainers course. This training allows participants to be able to train people at risk of opioid overdose, their families and communities in overdose prevention, intervention, and naloxone.

FALKIRK ALCOHOL & DRUG PARTNERSHIP

Alcohol and Drug Partnerships (ADPs) were established in 2009 and are responsible for:

- Strategic planning and commissioning, contract monitoring of drug and alcohol treatment and support services in each Local Authority area
- Developing strategies for tackling, reducing, and preventing problem or harmful drug and alcohol use across the whole population
- Applying a whole systems approach to deliver sustainable change for the health and wellbeing of the population.

ADPs are responsible for developing and delivering a local, evidence-based, strategy to reduce the associated harms from drug and alcohol use. In addition, ADP Strategy must reflect national policy and local drivers which influence strategic decision making and commissioning choices. To facilitate this, ADPs work closely with Scottish Government Drug Policy Unit as well as local Integration Authorities and other ADPs across Scotland.

The ADP Committee and how it interfaces with local IJB governance structures is under review to ensure best practice and strengthen links to other public protection committees and strategic partnerships. A governance review proposal by the Lead Officer was approved by the ADP Committee in January 2023 which aims to clarify, develop, and strengthen the position of the ADP within the IJB framework and better enable the management of its significant range of strategic responsibilities. This work includes developing several subgroups and thematic alliances to deliver work on topics such as residential rehab access, drug-related death prevention, alcohol harm prevention, implementation of the Medication Assisted Treatment (MAT) Standards, and to promote the role of lived and living experience as a central, core value in all aspects of ADP delivery.

The ADP Lead Officer, in partnership with the Forth Valley Drug-Related Death and Suicide Strategic Prevention Coordinator, delivered a briefing session for Elected Members in September 2022. The briefing was well received by those who were able to attend and covered all aspects of ADP work, including a description of how the Partnership interfaces strategically with national workstreams.

The ADP has supported the delivery of naloxone intervention training in schools to complement the current personal and social education sessions.

Naloxone is a drug, available from local drug services, which reverses the effects of an opioid overdose and can save lives. Sessions were delivered to 135 S6 students at Falkirk High School during 2022. The delivery was included as part of a Basic Life Saving Skills programme which included input from the Fire & Rescue Service on the use of defibrillators and the practice use of CPR and the recovery position. This is important and innovative work which helps to address the need to work towards a model of early intervention and will be considered as part of the development of a wider local naloxone strategy.

DELIVERING THE MAT STANDARDS The Scottish Government published the Drug Deaths Taskforce's recommendations for the MAT Standards in May 2021. The Standards are intended to help reduce drug related deaths and other harms to promote recovery. The Standards were developed through extensive consultation with multi-agency partners that deliver care, and, with the individuals, families, and communities with lived experience of substance use.

There are ten MAT standards and an implementation report for standards 1-5 was submitted to the Scottish Government in April 2023. This report details the huge amount of work which has been undertaken across Forth Valley during 2022/23 by a range of partners, to embed these standards into the ADP treatment system. This is a significant milestone and will serve as a foundation for future development and implementation of subsequent standards. A steering group oversees the progress of delivering the MAT Standards and is chaired in rotation by Falkirk ADP and Clackmannanshire & Stirling ADP.

As part of the monitoring of the MAT Standards implementation, the ADP support team will meet with the IJB Chief Officer and the Minister for Drug & Alcohol Policy in May 2023 to discuss progress and possibilities.

RECOMMISSIONING OF THE THIRD SECTOR DRUG AND ALCOHOL TREATMENT SERVICE PROVISION The ADP works closely with a range of providers across the public sector and third sector to deliver a Recovery Oriented System of Care for people in Falkirk and the Forth Valley. The current contract for the third sector provision for the delivery of alcohol and drug treatment service has entered the first of a potential two-year extension as of October 2022.

To ensure inclusive and open commissioning, Falkirk ADP has entered into a Commissioning Consortium with Clackmannanshire & Stirling ADP, who will lead work to develop the new contract. The process will ensure providers, stakeholders, and people with lived and living experience of substance use are consulted and engaged as part of the process. The aims of the Consortium are to implement a new contract and associated model of care by the end of the extension period. The Consortium will also be reviewing the service provided to date, including any relevant needs assessments which will influence the redesign of the model of care. Progress of the Consortium will be monitored by the respective ADPs and reported through relevant governance channels.

COMMUNICATIONS AND BRANDING

The ADP has developed a new branding and communications strategy. This will include a logo and webpage which will be accessible from the existing Falkirk HSCP website and include information on current ADP work, signposting to partner services, and strategic documents which would be of interest to partners, Scottish Government, and the public. The webpage will be open to continuous development and reflect the work of the ADP as it progresses.

Ref	Measure	Dec-19	Mar-20	Mar-21	Sep-21	Sep-22	Direction of travel
67	Number of Alcohol Brief Interventions delivered – annual target 3,410	7,055	9,030	-	-	-	-
68a	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral –	86.4%	95.9%	97.2%	92.9%	89%	▼

	Forth Valley ADP (90% target)						
68b	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	63.9%	87.8%	100%	100%	100%	-

Table 13

16 DAYS OF ACTIVISM: TACKLING VIOLENCE AGAINST WOMEN AND GIRLS

Organisations across Falkirk and Forth Valley took part in 16 Days of Activism against gender-based violence, between 25 November and 10 December 2022. 16 Days of Activism is an international campaign started by the Women's Global Leadership Institute in 1991 and continues to be coordinated each year by the Centre for Women's Global Leadership.

Starting on the International Day Against Violence Against Women and ending on International Human Rights Day, the dates for the campaign link these issues together and emphasise that gender-based violence against women is a violation of human rights.

REVIEW AND UPDATE GUIDANCE ON USE OF 13ZA

In consultation with senior management, the Council's legal section, staff across the Health and Social Care Partnership, and other partners, we reviewed the Council's approach to the use of Section 13ZA of the Social Work Scotland Act 1968.

Currently, consultation regarding the use of 13ZA and any subsequent change to the guidance and paperwork is continuing. Three initial sessions were facilitated by an external consultant during January 2023. A total of 114 staff attended: 5 Independent Advocates; 18 staff from a range of NHS roles; 11 Mental Health Officers with the remaining 80 attendees coming from a wide range of settings across the HSCP partnership e.g., locality teams, the Integrated Mental Health Team, the Learning Disability Team, and the hospital social work team. A reference group has also been established and will meet to contribute to and scrutinise all guidance and paperwork which is developed. The membership of this reference group includes representation from NHS Forth Valley, Independent Advocacy, MHOs, and staff from locality teams, the IMHT, LDT and hospital social work teams.

SECTION 3 - OUR WORKFORCE

OUTCOME 8:

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Our workforce remains the single most important resource in delivering high quality services and the transformation required to ensure the delivery of health and social care integration. This has remained a key priority during 2022/23.

WORKFORCE PLAN

Falkirk Health and Social Care Partnership has published their three-year

Integrated Workforce Plan 2022-2025. To develop the workforce plan, workshops took place with managers and staff across the Partnership along with Trade Unions and the third sector.

A key aim of workforce planning is to ensure a robust and aligned approach across workforce, operational service, and financial planning. The three-year workforce plans are aligned with priorities identified in Board Medium-term Operational and Financial Plans and HSCP Strategic Commissioning Plans.

HSCP RECRUITMENT CAMPAIGN

The Partnership launched a new recruitment campaign – a Career that Cares. The campaign promotes the wide range of roles and opportunities within Falkirk's health and social care services. At the heart of the campaign, is the message that health and social care is an accessible and rewarding career with opportunity to develop at all levels.

The Career that Cares campaign has been supported by colleagues in HR and Home Care to undertake its initial activity – including the creation of new promotional materials, flyers, social media assets, web page, and the hosting of recruitment events in the local area.

For more information on the HSCP Recruitment Campaign, see Campaign Spotlight: A Career that Cares.

WORKFORCE DEVELOPMENT

We continue with our ambition to be recognised as a learning organisation, and this shapes and influences our approach to all training, learning, and development. We strive to follow the five golden rules in this respect:

1. Encouraging experimentation
2. Thrive on change
3. Reward learning

4. Facilitate employees to learn from one another 5. Encourage learning from our surroundings.

The Partnership supports workforce development opportunities in a range of different ways.

RECRUITMENT AND RETENTION WORKING GROUP

A Social Work Recruitment and Retention Working Group was established in May 2021. The group’s main remit is to respond to challenges in recruiting and retaining experienced registered Social Workers. The group is chaired by the Social Work Workforce Development Manager and meets monthly with core representation from Social Work Adult, Justice and Children and Families Services and supported by an HR business partner.

A reference group was established for consultation on key issues or areas of proposed development in addition to seeking feedback with frontline staff via existing fora, such as, Newly Qualified Social Workers Group, Senior Worker and Team Managers groups and locality teams. The group has representation from across a wide range of social work services and includes both frontline practitioners and managers.

Several benchmarking exercises have been undertaken nationally, with comparative Local Authorities and with neighbouring Local Authorities in relation to terms and conditions, social work sponsorship programmes, payments for specific roles, such as, Mental Health Officer-Practice Assessor, Practice Educator-Social Work Students and Link Worker-Social Work Students and access to accredited post qualifying training.

This work led us towards focussed activity on salaries and pay scales. In the absence of a plan to address salary position, our ability to attract and retain experienced staff was recognised as severely compromised. An options paper was produced and from there a proposal to re-introduce Advanced Practitioners was developed. As local activity has progressed, we have also been contributing to national development work on Advanced Practice. This has ensured Working Group activity is aligned with the national Advanced Practice Framework expected to be launched Summer 2023.

Improvements have been made to the Social Work Exit Interview process. This is designed to ensure our process for gathering informative data from employees leaving the service is widely understood as an important element of us being a learning organisation. The system is now more easily accessible with Managers expected to promote and support gaining employee feedback at or before leaving the service.

The next stage of planned activity is to develop a consistent process across services for gathering data regarding employee experience at the entry level of employment, focusing on recruitment process and induction. Feedback will be used to inform system and practice improvements.

In Spring 2022 we re-launched the SW sponsorship programme in partnership with Open University. This is open to Social Work Assistants and Social Care Officers working across the HSCP and Council. There are two options to obtain a Social Work qualification: Undergraduate or Post-Graduate. Course fees are met, and local social work placements are provided with a guaranteed interview upon successful completion of the course. Two employees are currently being sponsored and we are planning to offer another four opportunities this year.

The Working Group is currently considering how the ‘Grow our own approach can be applied to building capacity in our Occupational Therapists (OT’s) establishment. We plan to consult with OTs through the re-launched OT forum and with Higher Education Institutions who deliver the OT degree courses. We will consider bursaries and sponsorship.

Since inception, the Working Group has considered options for career development and pathways, including succession planning. Consultation with staff groups has influenced discussions and helped to shape the thinking around Advanced Practitioner roles. We are engaged in discussion with Higher Education Institutions (HEI’s) regarding flexible approaches to gaining post graduate qualifications, such as Mental Health Officer certificate.

The Working Group is expected to continue for the foreseeable future as there are a number of strands of work that are under development, as outlined above. The group will also lead on specific actions outlined in the HSCP Workforce Action Plan 2022-25.

FORTH VALLEY PRACTITIONER PAGES All staff across the partnership and beyond have access to a web-based information and learning resource – Forth Valley Practitioner Pages. This resource will be updated during 2023 to improve access and functionality. Third sector and other partners will continue to be able to access the latest information about courses as well as book places directly using the training diary available on the Practitioner Pages.

The availability of the Adult Support and Protection training diary online helps to maximise publicising the availability of learning opportunities as well as streamlining the application process for potential course participants.

Adult Support and Protection Training Activity 2022/23

Course title Total HSCP Staff other Number Total

Courses staff statutory third training Delivered services sector places

(FC)

(NHS)

ASP Champions 3 16 14 30 T4T Care at Home (16)

(0)

ASP Champions 3 4 43 47

T4T Care Home (4)

(0)

Adults with 3 107 7 114

Incapacity

Mandatory training

(92)

(15)

Caring with respect 2 2 13 15

(1)

(1)

Council Officer 3 13 13

(13)

(0)

Early indicators of 8 26 65 91

Concern training

(Level2) (18)

(8)

Investigative 5 24 2(PS) 26

Interview training (21)

(3)

Interagency 4 38 5 (PS) 43

Referral Discussion (19)

Training (19)

Multiagency ASP 4 10 25 35

Level 2 (6)

(4)

Multiagency Self 4 56 1 (SFRS) 7 64

neglect and

Hoarding (51)

(5)

Protection Orders 4 22 22

(22)

(0)

Public Protection 6 15 1 (SFRS) 52 68

(ASP+CP) (7)

(8)

Referral 4 32 1 (SFRS) 4 37

Professional

Curiosity and duty (28)

to inquire (4)

Risk Assessment 2 12 1 13

and Chronologies (12)

(0)

Three Act Training 2 22 3 25

(22)

(0)

Totals 59 399 10 234 643

(332) (7 PS) (67) (3 SFRS)

Table 14

PS = Police Scotland

SFRS = Scottish Fire and Rescue Service

SAFE AND TOGETHER TRAINING

The Safe and Together Model is being implemented in Falkirk to change the way we view domestic abuse and to think differently about how we currently respond and what we do in practice, including having a shared understanding of the impact and consistently in the language we use.

The Safe and Together Training is not solely about developing and embedding domestic abuse informed practice, it also develops practitioners' practice in risk assessment and case planning using both a domestic abuse and trauma-informed lens and supports improved practice in work with all children and families.

The Safe and Together Model provides:

- An approach to intervene successfully with domestic abuse victims (survivors)
- An approach to intervene successfully with perpetrators of domestic abuse
- A means of assessing and describing the impact of domestic abuse on family functioning and children's wellbeing and development
- A move away from a broad recognition of how domestic abuse tends to impact on children as a group to an understanding of how the specific abuse within that particular family has impacted on the individual child's wellbeing
- A suite of tools and resources to increase practitioners' ability and confidence to practice each of the skills identified in the training

st SAFE & TOGETHER INSTITUTE

We have been able to provide this training free of charge, having secured Equally Safe Funding, which has enabled us to reach a wider audience across the Partnership, ensuring a shared language and understanding of domestic abuse informed practice and building capacity to achieving the required culture, systems, and practice change in Falkirk.

The Core 4 Day Practice Training prepares practitioners to make significant change in their practice and to influence other workers and systems practice. This training provides practitioners with an improved understanding of:

- Perpetrators’ behaviour patterns and their impact on child and family functioning

- Partnering with adult survivors of domestic abuse and interventions with perpetrators
- The expertise and material to facilitate the use of the tools with others

103 members of staff attended the training from the following services: Children and Families, Adult and Justice Social Work Services, Barnados, Aberlour, Central Advocacy Partners, Housing, Health Visitors, Cyrenians, Caledonian Women's Service, and Additional Support Midwife.

Following the attendance at the Safe and Together 4-day intensive skill based multi-agency training, mentors will be expected to use this in direct practice in their assessments with families and from this direct experience and deeper understanding of the model. To support them in this, they must attend a mentors reflective group meeting three weeks after this training.

Mentors are also expected to attend six weekly mentors reflective group meetings to support their practice by recognising their enhanced skills, supporting their identification with the model, and providing peer support to help each other to implement the model. These meetings will also provide insight into systemic changes that need to be made to support embedding and sustaining the approach.

Awareness Raising Briefing Sessions provide the opportunity to set the stage for culture, systems, and practice change through improved collaboration when domestic and child abuse and neglect are the concern. The sessions aim to improve knowledge and understanding of practice which considers the survivor's strengths and the perpetrator's pattern of behaviours while focusing assessments and case decision on the safety and welfare of children and improve knowledge and understanding of practice which can create better outcomes for children and families exposed to domestic abuse. A total of 226 staff attended the sessions.

HOMECARESERVICETRAINING

Home Care staff have accessed training introducing them to existing and new moving and handling equipment to assist them within their working role. Where appropriate this has enabled single-handed carer visits to be undertaken and increased the provision of service. On the job assessments have been carried out with Home Care staff and people accessing services within their home to support improvements in the delivery of person-centred care and support. As a result of the training, Home Care staff feel more confident in their role and responsibilities.

However, there were some challenges around delivering training to the Home Care Service. For example, service capacity to release Home Care staff to attend training impacted by sickness absence and managing vacancies. Facilitators were unable to fill training places when places became available due to short-notice cancellations. Also, Home Care staff were being scheduled training on days off when it’s not possible to release them to attend training within their working week. This has caused some reluctance to attend the training.

Course	Scheduled courses	Places available	Delegates attended	Places cancelled	Courses cancelled* on the day
Moving & Handling (1 day refresher)	20	120	94	15	4
Moving & Handling (2 day foundation level)	14	126	82	17	2
Induction for new carers	10	120	36	3	0

Table 15: *Reason courses cancelled – trainer off sick; no delegates nominated

Monthly induction training dates are organised and accessible via our new electronic Continuous Professional Development (CPD) Manager system. Training leads respond to requests for additional courses to meet service demand. This can be resource intensive with course not running at full capacity, however, it does avoid delays in new staff engaging with service delivery.

PRESCRIBING PROPORTIONATE CARE (PPC) MOVING AND HANDLING

During early 2022, Social Work training leads accessed the Prescribing Proportionate Care (PPC) Moving and Handling equipment training room at Falkirk Community Hospital. In the summer of 2022, collaboratively working with colleagues at Dundas Resource Centre, Grangemouth, additional training space was made available allowing for a full set of PPC equipment to be moved to Dundas increasing capacity to deliver training. This has also enabled PPC equipment to be incorporated into all Moving and Handling training courses since the end of September 2022.

Additional Prescribing Proportionate Care sessions were delivered in January and February 2023 for Home Care Social Care Officers to support embedding the approach in practice. This has increased capacity for personal carers to effectively respond should a person accessing services be discharged from hospital with a PPC piece of equipment.

ADMINISTRATION OF MEDICATION TRAINING (HOME CARE)

Administration of Medication Training continues to be facilitated by three pharmacy technicians. This programme is on track for full roll out of the

Administration of Medication Policy across Central, East, and West Localities by mid-2023. Additional training, using the Train the Trainer model, was also delivered to the Housing with Care seniors and managers in early 2023.

WORKING IN PARTNERSHIP WITH FORTH VALLEY COLLEGE

We continue to work in partnership with Forth Valley College to provide student placement opportunities. Arrangements were in place to provide HNC in Social Care placement opportunities across our Adult Services Day Centre's and Care Homes for students starting in Autumn 2022. 14 placements were made available. Student placements started in November 2022 and will be completed by the end of May 2023.

Not all placements were filled as some students opted to secure their own placements. This allowed us to also offer some Foundation Apprenticeship student placements in Adults Services Care Homes helping secondary school pupils complete some elements of a Modern Apprenticeship while still at school. The placements started in January 2023 and will end in May 2023.

At the start of each placement all students are allocated an individual mentor to support them in the placement role. The mentors were tasked to ensure that the students had the opportunity to obtain the necessary skills and knowledge to complete the required learning outcomes attached to the qualifications.

Feedback from the mentors on their experiences of working with the students has been positive, with students showing a positive attitude, willingness to learn and working well within their teams. College tutors have advised that the students have been able to demonstrate the required levels of participation and have gained the hands-on experience evidenced when meeting their practice observation learning outcomes.

CASE STUDY: HNC STUDENT PLACEMENT

During my college placement at Burnbrae Care Home, I have met with a really welcoming team of staff who have helped and treated me with kindness. Any questions I have had have been met with helpful answers and I've always felt welcome and wanted. I have never been made to feel shy and have in a way come out of my shell since I first started and have been helped to feel more confident.

Throughout my time in my placement, I have been given opportunities to learn different aspects of care including being able to help with moving and handling, an insight to personal care, being able to talk and interact with service users and helping to prepare meals and snacks for them, helping to clean up and wipe down tables after mealtimes, and having an overall look into what being a carer means and consists of.

**This case study has been anonymised and provided, with thanks, from the Workforce Development Manager.*

WORKING IN PARTNERSHIP WITH EMPLOYMENT TRAINING UNIT (ETU)

As part of a wider commitment to developing the Young Workforce and establishing career pathways in Health and Social Care, we have continued our partnership work with ETU. We have a continuing commitment to delivering the Modern Apprenticeship programme. We are in the process of developing this beyond the provision of Care Home placements to reflect Modern Apprenticeship opportunities working across Home Care Services.

One of our biggest challenges was attracting and supporting candidates who could go on to take up a practitioner role whilst services were responding to crises and managing lockdowns. Concerted efforts were made to ensure that candidates experienced a comprehensive induction and expectations placed upon them were within their capabilities. The SVQ Team experienced challenges maintaining contact with placement mentors to provide support to them as well as the candidates.

The MA programme is currently under review in consultation with the ETU. Proposals are being considered to how this could be delivered in the future, responding to the challenges of recruitment, and preparing individuals for the job role and future career in social care with a flexible model of learning and development. Further consultation with the service will form part of this review process.

SVQ VOCATIONAL QUALIFICATIONS

Falkirk Council Social Services Assessment Centre has continued to perform well. All Scottish Vocational Qualifications (SVQ) inductions and most online support meetings continue to be delivered via Microsoft Teams and the number of inductions being delivered have increased over the last year.

With a move to hybrid working, the centre has found initial support meetings with candidates carried out face-to-face are beneficial in establishing relationships between candidate and assessor. Where it has been identified that a candidate requires additional support, and face-to-face support would be beneficial, in person support meetings are agreed. Observations of SVQ candidates working practice are carried out with a mix of virtual and in person assessment arrangements.

The SVQ Team adopted VQfolio system in 2020 and have now fully embedded assessment delivery using electronic portfolios. VQfolio, is a web application that provides e-portfolios for SVQ centre candidates along with tools for assessors, internal verifiers, external verifiers, and SVQ centre administrators. The workflow within VQfolio has been designed around the paper-based system SVQ centres are familiar with.

CASE STUDY: VQFOLIO SYSTEM

J started her SVQ award using the paper-based system and shared that she found this cumbersome. She explained that her evidence was being sent back and forward via email. Her work had to be saved onto her desktop and feedback actioned and then uploaded again onto an email and sent on.

With the introduction of the new VQfolio system, the team were able to add J onto VQfolio. She stated that this system was much more efficient and easier to access. Although she described herself as having only basic computer skills, she found the new system easy to navigate.

**This case study has been anonymised and provided, with thanks, from the Workforce Development Manager.*

The work of the SVQ team centres around supporting and enabling staff to meet registration requirements as stipulated by the Scottish Social Services Council (SSSC). Over the past year, an increasing number of approaches have been made to the centre from individuals and staff groups who are not currently required to register with SSC. Opportunities are being sought to gain a professional qualification which would allow them to progress in their career, including promotion opportunities. A proactive approach was taken to that has led to several individuals being successfully supported in their learning and development via access to vocational awards.

The assessment centre has successfully supported Sensory Support Workers to achieve their awards and has commenced another cohort of staff from the Sensory Support service. The centre is also working with Social Care Officers within the Care at Home service to obtain an SVQ award.

The centre is developing partnership working with private sector organisations. In liaising with the Scottish Care lead, the centre has established links with Private Sector Organisations who are looking to access SVQ awards. A costing exercise has been completed for the SVQ awards the centre delivers and the centre has approval for Student Awards Agency Scotland (SAAS) funding. This will support local organisations to meet SSSC registration requirements and future income generation for Falkirk Council.

A British Sign Language (BSL) pilot programme, in partnership with the Forth Valley Sensory Centre was completed in 2021. A small group of staff representing a range of local services, achieved their British Sign Language (BSL) unit at SCQF Level 4. We had a further eight candidates achieve their SQA Unit in 2022 and there are plans to deliver another course in Spring 2023 building on the success of the pilot programme. An increase in candidate numbers in being planned for and the programme will progress to a rolling programme of delivery. This development work is monitored and evaluated through Falkirk's BSL Plan.

PRACTICE LEARNING

Over the last year, we have been able to offer thirteen student social worker placements to the University of Stirling, Glasgow Caledonian, and the Open University. In August 2023, we aim to offer another 3-4 placements.

We now have two additional practice educators supporting placements who completed the course in March 2023 and another who will complete in September 2023 increasing our practice educator resources. We are now seeing steady increase in our numbers to ten who are currently active in this role. In 2023, we aim to offer places to another 3-4 candidates on the practice educator course.

Our placements took place across social work services based in Children and Families Locality Teams, HMI Polmont Prison, and Adult Services Community Care Teams. Our next intake of students will be placed in Justice Services, Children and Families Localities, and the Hospital Team.

We are very grateful to those teams who have been so enthusiastic about offering student placements and for all the heard work that is undertaken by the link workers in those teams as well as the practice educators.

NEWLY QUALIFIED SOCIAL WORKERS (NQSW) GROUP

We have developed a thriving newly qualified social worker group in support of newly qualified worker receiving protected time in their first year post qualifying. The group now meets monthly following on from the pandemic where meetings took place fortnightly. This works for those who attend, offering a space for learning, communicating, and networking with each other. There is regular input from speakers covering topics that introduce workers to tools, resources, and training such as the Neglect Toolkit, Safe and Together Model, and a range of assessment tools. Our future speakers will include input from one of our hospital social workers and Strathcarron Hospice looking at the transition process from hospital to home. We are grateful to our colleagues for offering their time to support the group.

TRAUMA INFORMED AND RESPONSIVE CULTURE, SYSTEMS AND PRACTICE

We share the Scottish Government's ambition to develop a trauma-informed and responsive organisation. Our role is about addressing the potential re-traumatisation of people who come into our services. Trauma-informed practice is founded in and directed by an understanding of how trauma can impact on an individual's neurological, biological, psychological, and social development.

Using trauma informed practice can encourage hope, empowerment, understanding and access to appropriate services. In a trauma-informed service, it is assumed that people who have experienced trauma may struggle to develop trusting relationships with service providers and feel safe within services.

Workforce development, education and training are the first steps towards an organisation becoming trauma-informed, including both recognising and realising that trauma exists and the impact it creates. Using a trauma-informed framework can help to improve services and outcomes for people, productivity, economic efficiency, and staff health and wellbeing.

Changing culture, systems, and practice simultaneously requires a whole system approach. We have recruited a newly established Trauma Informed Policy Officer post whose remit is to support the aspirations of Falkirk Community Planning Partnership and local Trauma Champions in the successful implementation of sustainable approaches which embed trauma informed and responsive culture, practice, and policy across our workforce, and contribute to improved outcomes for people impacted by psychological trauma at any stage in their lives.

SECTION 4 – COMMUNICATION & ENGAGEMENT

COMMUNICATION

The Partnership continues to make progress towards the actions and recommendations outlined in the 2021-2024 Communications Strategy. This promotes the ongoing work across Falkirk's health and social care services, improving internal and external understanding of the Partnership's role and remit.

As part of our communications activity, the Partnership operates social media platforms, a monthly newsletter, and publishes regular media releases, blog posts, briefings.

OUR REACH:

- We received **79 pieces of media coverage** through proactive releases, supporting partner activity, and responding to media queries. Using published circulation figures, this has an estimated **reach of almost 880,000.**
- On social media, we have grown our combined audience to **1,100 followers** and have **reached 199,790 people** in the last year. This reach has been supported by our partners, staff, and other followers **sharing our content more than 960 times.**
- Our website has received more visits than ever before, with **30,711 visits to FalkirkHSCP.org pages**. A large amount of visits were to our careers pages, with 40% of visits to the website during the Career that Cares campaign involving the jobs landing page.

MEDIA ACTIVITY

With 79 pieces of media coverage during 2022/23, the Partnership has regularly appeared across its target publications of the Falkirk Herald, Daily Record, Central FM, Falkirk Live, alongside additional pieces featured on BBC News, STV News, and the Times Scotland. A summary of key communications activity undertaken in 2022/2023 includes:

- **Strategic Plan:** Promoting the consultation process, engagement opportunities, and the draft plan through media releases, social media, and paid advertising activity.
- **Health Inequalities and Wellbeing Fund:** Promoting two rounds of applications and the awarding of over £175,000 of funding by the Partnership to promote projects which aim to reduce health inequalities and improve wellbeing.
- **Home from Hospital:** Celebrating success as the Home from Hospital project successfully completed a pilot period and was rolled out year-round.
- **Slow Stream Rehab Project:** A proactive media and communications approach to the Slow Stream Rehabilitation Beds Project at Cunningham House helped to involve staff, residents, and the public ahead of the proposals being discussed at November’s IJB meeting.

Alongside a news release, stakeholders received tailored FAQ and briefing documents during engagement sessions with staff, residents, family, elected members, and trade unions. The FAQ and online feedback box remain updated and available at

falkirkhscp.org/cunningham-house, alongside in-person feedback options within the home.

- **Mobile Emergency Service:** After presenting their successes with

  digital technology at a conference, Falkirk's Mobile Emergency Service was profiled in a health and social feature run by The Times (Scottish edition). The piece identified Falkirk's pilot of Alexa devices as one way services can use Technology Enabled Care to improve lives and reduce pressure.

- **Recruitment Campaign:** A six-month campaign focused on the

  recruitment of frontline home care staff and established new ways of promoting roles across the Partnership's services - including branding, materials, and in-person events. The campaign resulted in an increase in applications for frontline roles, rising from an average of 1.6 applications per week to 5.5 applications per week.

CASE STUDY: A CAREER THAT CARES

The six-month (Oct 2022 – Apr 2023) campaign used media, social media, paid advertising, and in-person events to increase awareness of the roles and employers in Falkirk's health and social care sector.

With an immediate focus on personal carer roles, the campaign presented a career in care as a rewarding opportunity which is accessible to people from a range of backgrounds. The campaign involved:

- The creation of an event toolkit – comprising of new leaflets, job specs, posters, banners, and branded items such as pens, post its and hand sanitizer
- The launch of a one-stop online hub for careers in local services, available at falkirkhscp.org/jobs
- Paid media advertising across SkyAdsmart (targeted tv), Facebook ads, and Central FM radio
- Participating in the Scottish Government’s national Adult Social Care recruitment campaign – with our home care manager, Arlene, featuring in case studies online, in print, and over radio
- Hosting two successful recruitment events, involving 22 partner employers

SOCIALMEDIA

The Partnership's social media channels continue to play an important role in reaching target audiences, achieving a reach of almost 200,000 during 2022/23 and growing our follower count to over 1,100. Content posted across the Partnership's Twitter, Facebook, and LinkedIn shares news from our services, promotes national campaigns, recruitment opportunities, and helps direct traffic to our website.

DIGITAL

WEBCONTENT

Web content is reviewed on an ongoing basis to ensure information is relevant, up-to-date, and easily accessible. A summary of changes in 2022/23 include:

- New service pages: Dedicated service information pages have been developed for Community-Led Support and Dementia Support. Further service pages are in development.
- Tweaked front page: Quick link boxes to About Us, IJB info, and Services pages have been added.
- New dedicated jobs page: A new dedicated jobs and career page has been developed for recruitment promotion.
- Quick link coding: Sections are now formatted to allow links to open to

specific sections of a webpage, without the need to scroll. These quick links can be used for convenient signposting in documents and social media.

ACCESSIBILITY – DOCUMENTS The Partnership continues its ongoing review and refresh of documents to comply with public body accessibility requirements. All online content must meet accessibility requirements, as outlined by The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. This includes PDF, word, and spreadsheet files. Reviewing the Partnership's content presents the opportunity to streamline and de-clutter the information uploaded online. This will ensure information is up-to-date, relevant, and easier to find and maintain.

INTERNAL COMMUNICATIONS The Partnership has well-established internal lines of communication, including a monthly newsletter (Partnership Post), regular briefings and monitoring notes, and a shared Yammer community allowing anyone to post news, give kudos to a colleague, or ask a question.

PARTICIPATION & ENGAGEMENT

We are committed to taking a person-centred and human rights-based approach to engagement. As outlined in our Participation and Engagement Strategy, involving people with lived experience to improve service delivery ensures they remain at the heart of provision.

This approach to engagement is highlighted in the Independent Review of Adult Social Care (IRASC). For example, recommendation 30 of the Independent Review of Adult Social Care (IRASC) states "there must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level."

We are working to further enhance our involvement of people with lived experience to participate in activities across the partnership.

CARER AND SERVICE USER INVOLVEMENT

Falkirk HSCP was one of five partnerships who participated in a pilot training programme with the Coalition of Carers in Scotland and Carers Scotland in March 2021. Following the successful training sessions to increase carer involvement, we collaborated with key organisations to develop a similar package of training for both carers and service users to enable them to participate meaningfully with the partnership.

This is important because involving people in service design and decision-making processes ensures that the needs of people with lived experience are accurately reflected in how we improve and deliver services. The goal is to increase our representation of people with lived experience and encourage them to get involved in a range of strategic and operational level service redesign meetings.

The training programme was held over three sessions in April and May 2022 and was designed and delivered in collaboration with the following key organisations: Coalition of Carers in Scotland (COCIS), Carers

Scotland, Falkirk & Clackmannanshire Carers Centre, Inclusion Scotland, and Independent Living Association Forth Valley.

Falkirk & Clackmannanshire Carers Centre and the NHS Public Involvement Coordinator supported the promotion of the training programme. It was also promoted through our own communication and social media channels. As a result of these efforts, we recruited nine participants for the training.

Following on from the training, we successfully recruited a new IJB Deputy Service User Representative.

NEW IJB MEMBERS APPOINTED

Following targeted recruitment by Falkirk and Clackmannanshire Carers Centre and CVS Falkirk, the Integration Joint Board (IJB) appointed two new members during its meeting on Friday 18 November 2022. The appointments of the Carer Representative and Third Sector Representative have been made and will ensure the range of expertise and experience informing decisions made by the Board. The new representatives will feedback and represent the work of the Board to their respective networks, including the Falkirk Carers' Voices and third sector meetings.

STAFF TRAINING

In collaboration with the Community Empowerment Team in Falkirk Council, we developed a pilot training package for staff to support and allow meaningful participation for people with lived experience in strategic and operational-level meetings. The pilot training session was delivered on Monday 3 October 2022 to twelve staff members. The training was well-received with staff enjoying the session and finding it useful. Since it was a pilot training session, feedback from participants will inform how we review and deliver future sessions. We will be planning future training sessions for 2023/2024.

ENGAGEMENT IN SERVICE DEVELOPMENT

HSCP services are actively engaging with their service users, carers, and staff to redesign their services. For example, working with Healthcare Improvement Scotland's iHub and the New Models for Learning Disability Day Support Collaborative, the Falkirk Collaborative is reviewing local services and support options to improve outcomes and opportunities for adults with learning disabilities.

Through a series of engagement surveys undertaken face-to-face, by phone, and by post, the Collaborative has gathered views from service users, carers, and staff working with people who access day opportunities. Feedback events held in person at Camelon Social Work Office on Tuesday 13 September and virtually on Thursday 15 September shared what we've learned so far and explained the next steps and opportunities for 2023 Falkirk school leavers with a diagnosed learning disability who are transitioning from Children's Services to Adult Social Work Services to take part in the Big Planning Sessions.

For the Joint Dementia Initiative service, they hosted an engagement event on 8 March 2023 for service users and their families and carers of the Home From Home service to discuss future development plans for the service, including change of venues for the Home From Home service and potential times of the service being more flexible to meet the needs of service users and their families and carers.

POLICY CONSULTATIONS

Throughout 2022/23, we have been consulting with service users, carers, staff, and partners to support the development of key strategies that inform how we deliver our services and support individuals to improve their outcomes.

STRATEGIC PLAN

The Health and Social Care Partnership Strategic Plan 2019-2022 was extended until 2023 due to the impact of Covid-19. The first series of consultation events was held in September and October 2022, so people could share their views on the main challenges and priorities within health and social care in Falkirk that should be outlined in the next Strategic Plan. The feedback from the first phase of consultation informed the draft Strategic Plan which went out for a second phase of consultation in January and February 2023.

Over 420 people were involved throughout the consultation period (approx. 326 people attended the in-person events and 99 people responded to the online consultations). Each consultation phase involved a Citizen Space survey, staff consultation events, and Strategic Planning Group workshops. Everyone’s contribution during each phase of consultation has informed the Partnership’s new Strategic Plan which was published in April 2023.

CARERS STRATEGY CONSULTATION

People in Falkirk who care for a family member, friend, or neighbour were asked for their views on the support they receive from health and social care services. Their feedback was used to shape the new Falkirk Carers Strategy, 2023-2026. The HSCP was keen to hear from carers to help update the priorities within the strategy, acknowledging and addressing significant changes which have occurred since the previous 2019 strategy, such as the impact of the pandemic upon daily life and the current cost of living challenges facing local carers.

There were two consultations available for carers to complete: Young Carer and Young Adult Carers and a wider Carers Strategy consultation. These consultations focused on what was important to each group of carers. We also gathered feedback from unpaid carers to the Carers Centre which highlighted two new areas of concern for carers: financial pressures, including financial impact of caring and the developing or changing relationship between an unpaid carer and the cared for person.

EQUALITY OUTCOMES CONSULTATION Falkirk's Integration Joint Board has a duty to publish a set of Equality Outcomes every four years, and report on its progress every two years.

We consulted on extending our Equality Outcomes set for 2017-2021 so that we can publish a new set of Outcomes that align with our Strategic Plan. This acknowledged the amount of work already undertaken to develop the Equality Outcomes through various community consultation exercises and a review of local and national data. This was done via Citizen Space for three weeks in October 2022. We asked participants to rank how strongly they agreed or disagreed with each of the proposed Equality Outcomes.

CITIZENSPACE

Citizen Space is Falkirk Council's online consultation platform. It allows us to centralise all public consultation and easily report the results to the public. The table below highlights all consultations published on Citizen Space during 2022/23:

Consultation	**Opened**	**Closed**	**Total Responses**
Review of the Falkirk HSCP Strategic Plan	05/09/2022	14/10/2022	52
Falkirk HSCP Draft Strategic Plan	18/01/2023	24/02/2023	47
Review of the Falkirk Carers Strategy (2019-2022)	14/11/2022	23/12/2022	52
Young Carer & Young Adult Carer Strategy Consultation	14/11/2022	23/12/2022	39
IJB Interim Equality Outcomes	10/10/2022	31/10/2022	8

Table 16: Citizen Space Consultations

ENGAGEMENT AND TECHNOLOGY

Consultation, engagement, and participation play a significant role in how the Partnership uses technology and digital solutions to transform the way we provide health and care services. Engaging in a meaningful way with stakeholders, such as service users, carers, communities, the workforce staff and other health and care professionals, the Partnership aims to ensure our digital health and care initiatives are in line with the needs and preferences of those we serve.

With service users and other stakeholders’ voices contributing to the Partnership’s strategic needs, clear messages have been heard about making sure that nobody is left behind if they do not have access to the latest technology. There is a need for technology to support individuals to remain independent and that our digital health and care solutions must widen access to services, be prevention-focussed and embrace innovation.

Regular engagement with carers, staff groups and other partners enabled sharing of updates on the latest digital health and care technologies and services and to gather valuable feedback regarding our digital initiatives. The Partnership welcomes feedback from all stakeholders to continually improve our services, support individuals in Falkirk and safely make progress on a journey of digital health and care innovation.

The table below shows some engagement activity that has taken place during 2022/23:

Who was involved?

Activity rs ic e Outcome or impact on ff u n e re transformation rv s m ta a rt e S u e it rs n rs y

S C m aP o C

Participating in East

Carers were made aware of Digital Health

Locality Care at

Home Team

The Living Well OLLE course was

meeting to present

☐ discussed, as was MECS. Views on TECand Care initiatives taking place in Falkirk.

information on

sought and will contribute to Digital

technology to staff

Health and Care planning.

carers

One-to-one technology support sessions	The Homecare Systems team equipped the staff carer group with new mobile phones and conducted one-to-one or small group training sessions with the carers. The team demonstrated the Council’s OLLE online learning platform, ☐ MyView staff records, and the most up to date CM Mobile app which provides details for delivering care. Carers were also shown basic phone functionality. The team's efforts contributed to fostering a culture of technological literacy and security within the Partnership.
☐ TEC Presentation to Carers Centre	Presentation delivered at the Carers Centre discussed the Partnership’s digital presentation on MECS, Living Well, Near Me, digital inclusion and anticipatedhealth and care offerings, including a forthcoming projects. Carers views were sought and will contribute to the Digital Health and Care Strategy.

Tech Tea Parties

Since Summer 2022, a programme of weekly Tech Tea Parties, hosted by Falkirk HSCP and AbilityNet, took place in venues such as Dorrator Court, Summerford House and Burnbrae. Residents were invited to bring along any technology they wanted to learn more about, and a tech-savvy volunteer supported them. These sessions helped to tackle digital exclusion and isolation.

CM Training Sessions

The Care at Home Systems Team delivered training sessions to new staff showing them how to make best use of the Care at Home time recording and scheduling system. This helped make best use of the system to tackle system pressures.

Who was involved?

Activity ic e Outcome or impact on rs ff u n e re transformation rv s m ta a rt e S u a e it rs n rs y

S C m

o P C

The Care at Home systems team

supported ICT’s the rollout of Cybersecurity

Co-ordinated with ☐ training to equip Carers with the

ICT - Cybersecurity

knowledge and tools necessary to

training

safeguard the Partnership's information

assets.

The TEC Development Officer arranged

several sessions to prepare the workforce

for the introduction of the Near Me video

consultancy platform. This enabled staff to

Near Me

Familiarisation

☐ help the Partnership achieve goals ofcontribute their views to the project to

Sessions

widening access to services and

supporting individuals to attend

appointments where travelling presents

challenges.

Using the online learning platform OLLE, a

Living Falkirk course was developed and

Living Well OLLE

issued to staff groups. Creating awareness ☐

Course

of the platform enables them to promote

the platform to service users which in turn

supports early intervention and prevention.

Libraries

collaboration over digital health and care

☐ technologiesEngagement with Libraries to explore

Working with other

Tec leads meetings, visits etc. Showed ☐

HSCPs and Partners reports to West Dunbartonshire

MECS regularly present to service users

Regular Service

Users and carer ☐

presentations	and carers updating them of TEC developments and raising awareness of the MEC Service.	☐
MECS Presentations	MECS have offered NHS colleagues an opportunity to have the MECS Service deliver presentations to their staff at team to Teams meetings to share knowledge and awareness of the services offered by MECS, including the TEC service.	☐
Scottish Government / Spain Presentation	MECS regularly collaborates with Scottish Government with a view to sharing knowledge and experience to benefit other developmental work. Scottish Government asked MECS to deliver a presentation to representatives from Spain to help them consider their transition from analogue to digital technology.	☐

Table 17: Technology Engagement Activities

SECTION 5 – TECHNOLOGY

TECHNOLOGY

Applying technology and digital approaches as an integral part of quality, cost-effective care and support can improve outcomes for individuals at home and in communities. Technology can improve and enhance the delivery of health and care services, but also empower individuals to support their own health and wellbeing. This can include making use of telecare devices, video appointments and digital services and apps that can offer access to a wide range of support and advice.

MECS

The MECS telecare service supports people to maintain their independence and to stay at home or in a homely setting within their community for as long as possible. The service provides a range of technologies to meet the needs of individuals. This typically involves the use of pendant alarms but can also include sensors and home activity monitoring systems to alert a response service or family if the individual requires assistance. By offering these types of support, people have a greater sense of independence while also ensuring they have access to the assistance they may need. This can be beneficial for people who may be at risk of losing their independence due to health issues or other challenges. This can also provide peace of mind to families.

Falkirk’s MECS Service remains a frontrunner in Scotland having completed the upgrade of its systems and equipment in preparation for the national switch from analogue to digital telephone lines by 2025. While this essential work has been undertaken to avoid call failures, the new faster connection speeds and higher reliability offer exciting opportunities to explore what can be achieved with phone lines that can handle significantly more data.

Following the upgrade, the setup of new devices is quicker resulting in more efficient configuration and updates. The new lines enable real time visibility of the connection status of devices allowing for earlier detection of faults and making the service more responsive should an alarm go offline. The potential for improved data capture on a digital line presents an opportunity to explore more timely sharing of user information with appropriate partners and thereby strengthen partnership working.

As of March 2023, the MECS service's membership is approximately 4,000. This represents the total number of individuals currently benefitting from the service. The service welcomes 60 new service users every month. The service responds to an average 304 fallers per month. The service's prompt response to fallers is critical, as it ensures the safety and well-being of service users.

MECS is committed to engaging with the latest technology. In this regard, the service collaborated with two new companies to trial and test their digital units. The continual trialling of new equipment offers choice and comparison within the market and ensures that the service provides the best available technology to its users.

The service is also exploring the use of Amazon Alexa consumer technology to support its service users. The service is engaging with a consortium of partners including TEC Scotland to explore funding opportunities to produce an alternative to the standard digital unit.

THE LIVING WELL FALKIRK PLATFORM

Digital Health and Care Technologies have played a crucial role in supporting individuals to look after and improve their own health and well-being and live in good health for longer. The Living Well Falkirk service was developed to provide citizens with information and support to prevent or delay the need for a formal health or social care service. This not only leads to better health outcomes for individuals but can also reduce the demand for formal healthcare services freeing up resources for those who need them the most. The Living Well Falkirk digital platform is one part of the service and is detailed in section 2.

The Living Well Centre re-opened for the East Locality providing an environment for individuals to receive support from a staff member to view, try and borrow or receive advice on purchasing suitable equipment and adaptations.

A Living Well Falkirk online course was developed and made available to the workforce via Falkirk Council's OLLE platform. The course is designed to be accessible and user friendly. It covers the basic approach of the platform, the importance of early intervention and prevention and the ways in which Living Well can be used to support individuals in managing their health.

By promoting a better understanding of the Living Well platform the course aims to create an informed workforce ready to promote the platform more widely and encourage individuals to take advantage of the resources and support it provides.

NEARME

The Near Me platform enables individuals to attend appointments from a location of their choice, reduces travel, and potentially enables people to attend a greater number of appointments. NHS Forth Valley have been using Near Me and a project to use for Social Work is being taken forward. The project will enable a blended approach of in-person and video interactions for Duty and other Social Work appointments where appropriate.

It is anticipated that this will attract benefits such as enabling choice, widening access to our services, supporting relationship-based approaches and outcomes focussed practice. Near Me will facilitate the inclusion of family members, carers or other health and care professionals in discussions and, in this way, the system will support integrated service delivery.

Familiarisation Sessions have been delivered to social workers in all three localities, covering project background, an overview of the platform, a demo showing how to log in to the system and the next steps.

With the Living Well Centre having re-opened for the East Locality, Near Me Living Well or in-person appointments have been offered to suitable individuals on the Social Work waiting list.

To date, individuals that accepted a Near Me Living Well appointment have reported benefits such as saving multiple bus journeys and being able to attend appointments that they otherwise would not have been able. The Social Care Officer has still been able to observe the person in their own home to better understand their needs and make appropriate recommendations.

LIQUIDLOGIC FOR ADULT SERVICES The new assessment and management recording system, Liquidlogic for Adult Services (LAS) went live on Monday 13 June 2022. This has been a significant area of work for Falkirk Council and Adult Social Work Services.

There are several positive developments within the new system, including the introduction of outcome-focused assessment practice which replaces the Single Shared Assessment. This ensures good conversations with service users and their carers take place and clear personal outcomes are agreed.

The financial system is now fully integrated with LAS, which is providing an overview of the budgets for Team Managers, with each element of the support plan clearly linking back to the personal outcomes to be achieved.

The support with implementation has included development of guidance and a series of drop-in sessions to support staff with the transition to LAS.

CARE AT HOME SYSTEMS

We use an electronic time recording and scheduling system for Care at Home services. Every week, the system schedules 8,000-9,000 visits for the in-house Care at Home service and securely shares appropriate information with a remote workforce of over 250 staff to ensure that they receive the information they need to deliver a high standard of care. The system provides co-ordinators with real-time information so that they can respond to hundreds of variations to planned care.

The Care at Home Systems team implemented a comprehensive technology rollout, which involved equipping the staff carer group with new mobile phones and conducting one-to-one or small group training sessions with the carers. Working closely with the Falkirk Council ICT team, a robust cybersecurity training course was provided to the carers to ensure that all staff members were equipped with the knowledge and tools necessary to safeguard the Partnership's information assets. The team's efforts contributed to fostering a culture of technological literacy and security within the Partnership.

DIGITAL INCLUSION

Making use of Connecting Scotland and the Fairer Falkirk Digital Exclusion Fund, a small number of digital devices were sourced, each with a data package, to support digitally excluded individuals on low incomes who did not have an appropriate device and/or were not connected to the internet at home. Individuals who benefited most from these devices included those experiencing isolation who were shown how to connect to family using video. The use of digital reminders or prompts supported people with care and mobility needs.

In collaboration with Community Learning and Development’s Digital Inclusion Project, AbilityNet offered a package of support for the recipients of the devices. This included a one-to-one session with an AbilityNet volunteer to determine the areas of support the individual required, device set up and delivery and three hours dedicated support. Further ongoing support was potentially available where agreed between the AbilityNet volunteer and participant.

In Summer 2022, a programme of weekly Tech Tea Parties, hosted by Falkirk HSCP and AbilityNet, took place. Residents were invited to bring along any technology they wanted to learn more about, and a tech-savvy volunteer supported them. The support included demonstrating how to use a digital device or app, how to use social media to connect with family or friends, advice on how to stay safe online and how to use digital technology to support their health and wellbeing. Sessions ran in Dorrator Court, Summerford House and Burnbrae.

WINTER PRESSURES

Information sharing between partners was identified as a potential barrier to efficient delivery. Falkirk HSCP developed an app using Microsoft PowerApps to overcome this challenge. The app enables the Link Workers to securely record and share the personal data of service users with partners that are involved in the project. Link Workers ask for consent from the patient to make referrals to partners and record this in the app. Each partner has its own version of the app that provides details of the referrals they have received and the personal data relevant to the referral.

Using the app helps to improve efficiency in a few ways:

- Data is entered once, but used many times (e.g., the name and address of service user may form part of a referral to more than one partner)
- Link Workers are guided through a process by advancing through the screens of the app, reducing variation and the potential for missing information

- The app applies validation to many of the fields of data that it collects by restricting the type of data that can be entered, thus reducing the scope for error
- Referral emails to partners are generated automatically from data that has already been collected in the app

During the period 2022/23, the app recorded:

- 2,221 individual service users
- 2,520 referrals for support from partner organisations

M365 HEALTH AND SOCIAL CARE FEDERATION PROJECT

The M365 Health and Social Care Federation Project was launched by the Digital Office and Digital Health and Care Scotland in 2022, with the aim of simplifying communication between individuals from Health, Local Government and those working in Partnerships.

Falkirk Council, NHS Forth Valley and Falkirk HSCP are progressing this work locally to enable collaboration via Microsoft Teams. It is anticipated that this project will facilitate improved communication and reduce email traffic. Streamlining processes in this way enables timely decision-making and increases productivity.

DIGITAL HEALTH AND CARE PROGRAMME BOARD

A Digital Health and Care Programme Board is established to bring together Digital Health and Care projects and expertise to support and progress the technology initiatives within the Partnership. As a first step, a workshop was held to consult with key stakeholders and consider how the Partnership's use of technology could be developed further to support individuals to meet health and care outcomes and for the service to meet challenges that lie ahead.

Themes relating to co-design of digital services, promoting self-management, and tackling social isolation emerged. Participants were keen to progress greater opportunities for sharing data and integration across systems. Needs relating to digital exclusion and digital skills were also discussed to ensure that technology is an enabler rather than a barrier to care.

DIGITAL HEALTH AND CARE PLAN

A Digital Health and Care Plan is being developed, building on these themes, to explain how the Partnership will continue to develop digital services, make better use of technology to support independence, improve digital access, improve digital skills, co-design technology solutions with stakeholders, and make effective use of data.

SECTION 6 – PARTNERSHIP WORKING

WORKING WITH THE THIRD SECTOR

HOMEFROMHOSPITALSERVICE

The third sector Home from Hospital service, provided by RVS, Strathcarron Hospice, Food Train, Carers Centre, and Dial-A-Journey, has supported almost 3,000 service users across Forth Valley since it began in December 2021.

One of the main strengths of the service is that it can adapt to meet different demands. From February to September 2022, partners called upon additional volunteers to help deliver medication to people at home once they had been discharged. Demand for medication deliveries fell sharply from October 2022 onwards as alternative arrangements were established via community pharmacies. The partners were able to scale the service back at this point to focus on other aspects of the service.

The overall number of people using the service each week has fallen from a peak of 77 in March 2022 to an average of 40. This is due to the reduction in the need for medication deliveries and staff vacancies, where the service operated a reduced capacity for a few weeks until a new appointed.

Ongoing pressure within wards and the high turnover among hospital staff also poses a challenge, as new staff are often not aware that they can refer patients to the service. One of the impacts of this has been a reduction in the number of referral routes into the service, with the majority now coming via the Transport Hub rather than directly from wards. Consequently, there is a risk that people who could potentially benefit from the range of community support after discharge, but do not require transport home, will not receive assistance. The creation of a ward-based post focusing on supporting carers during discharge and to liaise with patients prior to discharge is being explored to help address this issue.

FALKIRK OLDER PEOPLE'S DAY

Falkirk Older People's Network organised a one-day event for older people on Tuesday 25 October 2022, supported by the HSCP. The event took place in the Howgate Shopping Centre and more than twenty organisations were in attendance. Attendees ranged from the Royal Voluntary Service, Strathcarron Hospice, Food Train, Police Scotland, Fire Scotland, Royal National Institute of Blind People, and more. The aim was to bring local organisations together to showcase the support and activities they can offer. The event was well attended with over 150 people coming along.

CASE STUDY: DUTCH DELEGATION VISIT

In September, the Partnership hosted a delegation of health and social care colleagues from the Netherlands, who made a return to Falkirk following a visit made in early 2020 to learn about health and social care integration in Scotland. The visit provided the opportunity to share learning and best practice, using feedback from service users and people supported by our services to demonstrate the achievements gained through working collaboratively.

Presentations and success stories were heard from FDAMH, Dates-n-Mates, the Falkirk Collaborative, Joint Dementia Initiative, and Supported Residential Living Resources.

THE INDEPENDENT SECTOR

The Independent Sector is committed to improving the sustainability of care provision in Falkirk and is a key partner in the delivery of integrated health and social care services in the area.

During 2022/23, the Independent Sector Lead (ISL) has continued to engage in all activities within the Falkirk HSCP. The ISL is committed to ensuring the wellbeing of the Independent Sector workforce remains high on the agenda of many strands of the HSCP's organisational and leadership processes. The ISL attends multiple groups at all levels of decision-making processes. Inclusion in such meetings enables the ISL to be a representative voice of the independent sector and ensure there is equity of opportunity for those who work within the sector in relation to support, discussion groups, and wellbeing support to all.

Some of the activities of the ISL has included:

- Supported care homes and delivered a session on new guidance IPC standards ensuring compliance

- Held several collaborative events in conjunction with Care Inspectorate in Safe and Effective Staffing which included safer staffing, commissioning of services, staffing tools and resources, and Care Inspectorate reporting

- Continually communicates with all providers to provide updates on the ever-changing landscape in legislation and guidance ensuring they understand changes and support in implementing

- Arranged for Scottish Government to present to Care Home Group on the Framework for Adults and Older People living in care homes

- Worked with the Digital Health & Care Innovation Centre to look at how libraries can support service and staff wellbeing in the community
- Addressed systemic barriers in culture, systems, and practice at all levels
- Coordinate Train the Trainer courses for providers to support the ongoing work within the Partnership.

HOUSING SERVICES

Housing has a key role for people to stay at home, in accommodation that meets their needs, in their communities. The contribution of Falkirk Council housing services and Registered Social Landlords (RSL's) is key to delivery of the Partnership's Strategic Plan.

Our Housing Contribution Statement (HCS) 2019-2022 includes the following priorities that form an essential link with the Strategic Plan and the Local Housing Strategy:

1. Make the best use of technology to help people stay in their communities for as long as possible
2. Recognise the importance of well-being and connectedness
3. Make the most of the built environment
4. Improve access to housing
5. Provide housing options for homeless people

Actions that have already been achieved include:

- Review the Mobile Emergency Care Service including the transition from analogue to digital
- Increase percentage of social lets to homeless people

Although the following initial actions were achieved, further work is required on these general issues.

- Explore key workers as a priority in the new Affordable Housing Policy where income and other priorities have been considered
- Increase priority given for Affordable Housing Supply Programme grant funding to projects which provide the greatest percentage older/ambulant wheelchair accessible housing – we will review this again in the Strategic Housing Investment Plan (SHIP) 2023 due to the acute need for wheelchair housing
- Explore how to progress aligning the LHS with Fairer Falkirk and RRTP in relation to exploring poverty training for relevant frontline housing and Partnership staff – poverty training has been delivered to frontline staff
- As more people are affected by poverty, we will continue to prioritise resources to support people to maximise their income and receive financial support where available. The current economic climate with food and fuel poverty means we will continue to focus on poverty issues and this action is changed to ongoing.
- Set up a housing first model for people with complex and multiple

issues who are in a cycle of homelessness

- Explore how to further assist empty homeowners, such as providing advice on hoarding
- Housing Policy and training in place, however, this is still an issue for Falkirk Council and Registered Social Landlords, and we are developing joint working practices to better support people with hoarding issues. We are continuing to work on this, therefore, action changed to ongoing.

Therefore, of the 21 actions in the Housing Contribution Statement:

- 6 are achieved
- 11 are ongoing
- 4 will be carried forward to the new HCS

It is a requirement under the Housing (Scotland) Act 2001 to develop a Local Housing Strategy (LHS) accompanied by an assessment of need. The Falkirk Housing Need and Demand Assessment (HNDA) was approved by Scottish Government in December 2022. Consultation has been carried out with the local community and stakeholders on the new LHS, including colleagues from the HSCP. We are currently bringing together the needs analysis from the HNDA and consultation to develop the new LHS 2023-2028.

Key issues for the new LHS include:

- A need for additional affordable housing
- An acute need for larger family housing
- Need for wheelchair user accommodation, including larger accommodation for families where one or more members are physically disabled

- Need for support for people with mental health issues
- Need for support for those with substance and alcohol misuse
- Need for a housing and support model for those with complex needs such as a core and cluster model

After the new LHS is developed, we will use it to bring together a new Housing Contribution Statement for 2024-2029.

SECTION 7 – EQUALITIES & SUSTAINABILITY

EQUALITIES

INTRODUCTION

Falkirk Health and Social Care Partnership is fully committed to promoting fairness, dignity, and respect while delivering services which provide equal opportunity for all in the Falkirk area. To help us achieve this vision, we must set Equality Outcomes and demonstrate how we mainstream Equalities every four years, and report on our progress every two years. We have extended our current Equality Outcomes for 2022/23.

Since we have recently developed our new Strategic Plan, we will be aligning our Strategic Plan and Equality Outcomes. This will ensure that the services we deliver and the care we provide is person-centered, human rights based, and places Equality at the heart of everything we do.

WHATDOESTHELAWSAY?

Every public body in Scotland, including Integration Joint Boards (IJBs) must comply with the Public Sector Equality Duty (PSED) set out in the Equality Act (the Act) 2010. The Falkirk Integration Joint Board must, in the exercise of its functions have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between person who share a relevant protect characteristic and persons who do not share it

This essentially means we need to fully consider our duties every time we review or develop a new policy or service. This will ensure we meet the needs of all our service users and protect them from some of the disadvantages they may experience because of their protective characteristics. We can do this in several ways, including by setting Equality Outcomes.

The Scottish Government Specific Duties relevant to IJBs are:

• Publish a report on mainstreaming the equality duty • Publish Equality Outcomes and report on progress • Assess and review policies and practice • Publish in a manner that is accessible • Gather and use Board member information

Alongside our Equality Duties, we also have Duties set out in the Human Rights Act 1998. We must treat everyone equally, with fairness, dignity, and respect. In delivering services we will continue to be committed to undertaking human rights-based approach in line with PANEL principles (Participation, Accountability, Non-discrimination, Empowerment and Legality).

WHAT ARE PROTECTED CHARACTERISTICS? All of us share one or more of the characteristics. They are protected by the Act, which in turn protects us all from unfair treatment. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership • Pregnancy and maternity
- Race and ethnicity
- Religion or belief – this includes people who do not have a religion or belief
- Sex
- Sexual orientation

Unfortunately, some people may experience discrimination or disadvantage based on these characteristics. The Equality Outcomes ensure that we meet our legislative duties, meet the differing needs of our service users and their carers and protect them from experiencing discrimination or disadvantage when engaging with our services.

PROGRESS AGAINST EQUALITY OUTCOMES 2022/23

As part of our Scottish Specific Duties, we must report on our progress every two years. We have continued to make progress in 2022/23 which is summarised below:

Equality Progress to Date

Outcomes

Outcome 1: People within the relevant protected characteristic groups or who experience other forms of discrimination or disadvantage are able to be themselves and can achieve their full potential.

Learning Disability Day Support Service by the Falkirk Collaborative is working closely with service users, carers, staff, communities, and key stakeholders to improve outcomes and opportunities for adults with learning disabilities in the key areas of living, learning, wellbeing, and working.

Work was ongoing to support people to move from Loch View (NHS Forth Valley's Inpatient Learning Disability and Treatment Unit) to a homely setting when they are ready for discharge. This has involved working in partnership with health, social care, housing and providers to find suitable accommodation and community-based supports to meet their needs. This supported the Partnership's ambition that people with learning disabilities have the right to the same opportunities as anyone else to live satisfying and valued

lives, and to be treated with dignity and respect (linked to Outcome 4).

Outcome 2: Extended the Lived Experience Programme to carers Service users are and service users. The goal is to increase our equal partners in representation of people with lived experience and planning,

encourage them to get involved in a range of strategic developing and and
operational level service redesign meetings. monitoring their

care through Have been active in recruiting a new carer representative

informed choice on the IJB and service user substitute representative. and personal

responsibility. Liquidlogic for Adult Services – Liquidlogic is a new

assessment and management recording system which was launched in 2022. It includes the introduction of an outcome-focused assessment practice which ensures clear personal outcomes.

Anticipatory Care Plans: The Partnership worked with people, particularly those at risk of hospital admission, to have an Anticipatory Care Plan (ACP) in place. These plans have a focus on prevention, anticipation and supported self-management with the person at the centre of all decisions regarding their care.

Outcome 3: Our Links with Outcome 2: extended the Lived Experience approach to Programme to carers and service users. The goal is to engagement increase our representation of people with lived and participation experience and encourage them to get involved in a will give a voice range of strategic and operational level service redesign

to our diverse meetings.

communities.

Outcome 4: Review of Adult Day Services - Bringing together People who
colleagues working in social work, health, day support,
experience and
procurement within Falkirk Council, NHS Forth mental health Valley, and
Neighbourhood Networks, the Falkirk problems and
Collaborative is a group of partners aiming to improve
/or learning
living, learning, well-being and working opportunities for
disabilities will
adults with learning disabilities. The next phase of the be supported to
project focuses on 2023 Falkirk school leavers with a live fulfilled lives
diagnosed learning disability who are transitioning from
without stigma.
children’s to adult services.

Trauma Champions and Trauma Informed Practice – Three Trauma Champions were appointed to represent and lead Trauma Informed Practice in Falkirk. Work ongoing to implement Trauma Informed systems change.

Community Based Provision: FDAMH Social Spark – is a modern approach to befriending that helps people who use the service form friendships in a safe environment.

Supporting Discharge from Loch View: Work was ongoing to support people to move from there to a homely setting when they are ready for discharge. This has involved working in partnership with health, social care, housing, and providers to find suitable

accommodation and community-based supports to meet their needs. This supported the Partnership's ambition that people with learning disabilities have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect.

Dates-n-Mates service is Scotland's national dating and friendship agency for adults with learning disabilities. Dates-n-Mates aims to improve the health and wellbeing of its 40+ Falkirk members by helping them to overcome the loneliness and social isolation to which many people with learning disabilities are particularly susceptible.

Neighbourhood Networks supports vulnerable adults mainly with learning disabilities, physical disabilities, and mental health issues to live an independent life, safely, within their own homes and be fully involved within their local communities.

Outcome 5: Primary Care Improvement Plan (PCIP) – Expansion of

Access to our additional roles in GP practices including the

services will be recruitment of primary care mental health nurses.

improved by

understanding and reducing barriers.	There has been a redesign of the HSCP website to make it more accessible. Work has been ongoing to ensure that accessibility regulations are implemented across our digital content. We have also expanded our social media presence to ensure that we reach as wide an audience as possible.

Table 18: Progress Against Equality Outcomes

EQUALITY & POVERTY IMPACT ASSESSMENTS

We are required to assess the impact of our decisions, changes to policies and practices and services against the requirements of the PSED. We do this through an equality impact assessment process. This is a helpful tool that examines new and existing services, policies, and strategies, to assess what impact they could have on all the protected characteristics. We can do this by consulting and engaging with the people who will be impacted, as well as look at existing service level and national data.

While the equality impact assessment process only concerns the protected characteristics, we do have an additional Duty to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantaged. This is called the Fairer Scotland Duty. We recognise that inequality in relation to a protected characteristic and inequality in relation to poverty intersect. Inequality cuts across different themes and categories, which means we do not just assess one type of inequality in isolation – inequalities are linked.

The Partnership has agreed to use Falkirk Council's Equality and Poverty Impact Assessment (EPIA). When we use this tool, we not only assess any impact relating to the protected characteristics, but we also assess impact on socio-economic status. This is an area that we are improving and working to

publish all completed EPIA's on our website, which can be found here.

DELIVERINGOUTCOMESANDLOOKINGFORWARDTO2023/2024

We will continue the work we have been doing to deliver on these Outcomes. Work is now underway to develop new Equality Outcomes that will align with our new Strategic Plan. We will be consulting on new draft Outcomes and aim to publish them in 2023/2024

SUSTAINABILITY

Adult Social Work services are included in Falkirk Council's Carbon Management Plan. The target for the service is to achieve a 68% reduction in its 2019/20 carbon emissions from vehicle fuel, gas, and electricity consumption by 2030. Work is underway to identify how to reduce carbon emissions, especially from travel and energy use in buildings.

Adult Social Work accounted for 950 tonnes CO2e in 2022/23, which is a significant decrease of 477 tonnes CO2e from the previous year. The breakdown per emissions sector is as follows:

- Gas – 707 tonnes CO2e

- Electricity (building) – 218 tonnes CO2e • Electricity (transmission and distribution losses) – 20 tonnes CO2e • Water supply – 2 tonnes CO2e • Water treatment – 3 tonnes CO2e

The NHS Forth Valley Sustainability Strategy 2019-2024 sets out how the key elements of sustainability can come together to actively support and enable efficient and effective healthcare delivery. The Strategy recognises that NHS Forth Valley needs to address health challenges due to climate change as well as reducing its own environmental impact.

SECTION 8 – FINANCIAL PERFORMANCE & BEST VALUE

OUTCOME 9:

Resources are used effectively and efficiently in the provision of health and social care services.

BEST VALUE

As a public body, the IJB has a duty to make arrangements to secure Best Value. As defined by Audit Scotland, Best Value is concerned with “*good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public*”.

With this in mind, the IJB’s governance framework is intended to support continuous improvement and better outcomes, whilst striking an appropriate balance between quality and cost.

The key features of the IJB’s governance framework which were in place during 2022/23 to support best value are outlined below.

VISIONANDLEADERSHIP

A key statutory duty of the IJB is to develop a 3-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery

of agreed local priorities. The Strategic Plan 2023-2026 has now been published setting out how adult health and social care services within Falkirk will be delivered over the next 3 years. This replaced the previous Strategic Plan which ended in March 2023.

The Strategic Plan recognises that the Covid-19 pandemic is going to have a long-term impact within the health and care sector, adding further strain onto already stretched services. There will be an ongoing requirement to consider new services and enhanced support for existing services such as mental health and various local community initiatives. At the same time, demand linked to ongoing demographic change, is increasing as people are living longer into old age, often with multiple long-term conditions which require more complex multidisciplinary care and support.

Falkirk Health & Social Care Partnership (HSCP) has created a comprehensive Workforce Plan for the period of the new Strategic Plan. The Workforce Plan addresses the make-up of the current workforce, the challenges facing the partnership in terms of workforce and the objectives the HSCP has with a view to developing a sustainable future workforce. Listed below are some of the key challenges and drivers highlighted in the workforce plan:

- Ageing population and workforce • Marked increase in substance use
- Mental wellbeing

- Finance – reduced funding with increased demand

- Recruitment skills shortages • Technological and system improvements required • Ageing estates and lack of suitable premises

The Falkirk Council Housing Needs and Demands Assessment 2022 was approved by the Scottish Government in December 2022 and highlights a number of key issues, including a shortage of key workers, specifically in health and social care, and a growing need for service users to have suitable housing provision.

To respond to these challenges (combined with the ongoing impact of growth in general price inflation and advances in new technology and medical treatments), the following four priority areas have been identified for the next three years:

- Community-based services

- Accessible care

- Early intervention and prevention • Carer support

These four priorities will be driven by three workstreams - Workforce, Technology and Communication.

A high-level Delivery Plan was developed in February 2023 and provides high-level actions and timescales about how the HSCP will progress towards meeting the strategic and cross-cutting priorities. The Transformation Board will drive forward transformation programmes and projects in line with the strategic plan. The actions identified within the Delivery Plan align with the priorities of the Transformation Board.

We are confident that the updated Strategic Plan coupled with the establishment of a Transformation Board will allow it to drive forward the required changes within Adult Health and Social Care Services in Falkirk whilst acknowledging, and continuing to respond to, the challenges faced due to the longer-term impact of Covid-19 and current economic pressures.

GOVERNANCE AND ACCOUNTABILITY

Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners, through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £284m.

The governance framework includes the Integration Scheme, IJB Standing Orders, Risk Management and Clinical and Care Governance. These frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity.

The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area.

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board. During 2022-2023, a hybrid approach to meetings was introduced with some still taking place online.

EFFECTIVE USE OF RESOURCES

The National Health and Wellbeing Outcomes Framework requires the IJB to demonstrate that *“resources are used effectively and efficiently in the provision of health and social care services”*. As part of this requirement, an overview of 2022/23 financial performance is provided below, including consideration of the financial outlook for 2023/24.

2022/23 FINANCIAL PERFORMANCE (FROM UNAUDITED ACCOUNTS 2022/23)

The IJB reported total income of £ 284.349m for financial year 2022/23 and total expenditure of £ 292.573m incurred during the year. As a result, a deficit of £ 8.224m was reported in the unaudited Comprehensive Income and Expenditure Statement on 31 March 2023.

The reported deficit includes £10.978m of Covid-19 funding returned to Scottish Government during the year. Ongoing delays to planned expenditure during the year has led to a slight increase in other reserves being carried forward into financial year 2023/24. The partnership has also continued to experience multiple key financial pressures during the year including:

Large Hospital Services/Set Aside

Forth Valley Royal Hospital was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework on 23rd November 2022. Extreme pressures continue to be experienced across the hospital due to increased patient numbers, delayed discharges and staffing pressures. These ongoing pressures are reflected in the continued need to use locums and agency staff to cover key vacancies.

Social Care

Additional funding was provided by Scottish Government in 2021/22 and again in 2022/23 to allow Care at Home providers to increase wages for direct care staff to increase Care at Home capacity and make the service more sustainable. Despite increased hourly rates, capacity remains a concern with demand for Care at Home outstripping capacity. Underspends were reflected across many areas of Social Care due to recruitment challenges, vacancies and lower activity across a number of services while we recover from the Covid-19 pandemic.

There are ongoing demand pressures within Home Care combined with staff shortages across both internal and externally provided services. The number of people currently waiting for care packages remains high although there has been a recent positive impact from new providers and a new recruitment campaign to recruit staff and increase capacity. Covid-19 funds have been used to cover bank and agency staff costs in 2022/23.

Primary Healthcare

A significant overspend has been reported on Prescribing again this year, mainly attributed to a 3.1% increase in Prescribing activity combined with a rise in cost per item throughout the reporting period.

Community Healthcare

The temporary ward closures at Falkirk Community Hospital due to fire risk issues have continued throughout the reporting period which mask overspend pressures within the Joint Loan Equipment Scheme (JLES) and District Nursing Services. In addition, underspends were reported across a variety of services due to staff turnover and vacancies.

An analysis of IJB expenditure incurred during 2022/23 is outlined in the table below:

Total Expenditure	**2022/23**	**2021/ 22**	**2020/ 21**	**2019/ 20**	**2018/ 19**
Large Hospital Services	39,844	31,079	29,629	27,741	26,026
Primary Care Services	86,130	81,474	83,284	81,941	75,816
Social Care Services	110,820	99,102	93,952	88,259	83,694

Community Healthcare Services	44,331	21,956	38,241	36,604	35,422
IJB Running Costs	470	454	469	444	410
Total	**281,595**	**234,066**	**245,575**	**234,989**	**221,368**
Set Aside	39,844	31,079	29,629	27,741	26,026
Integrated Budget	241,751	202,987	215,946	207,248	195,342
Total	**281,595**	**234,066**	**245,575**	**234,989**	**221,368**

Table 19: IJB Expenditure 2022/23

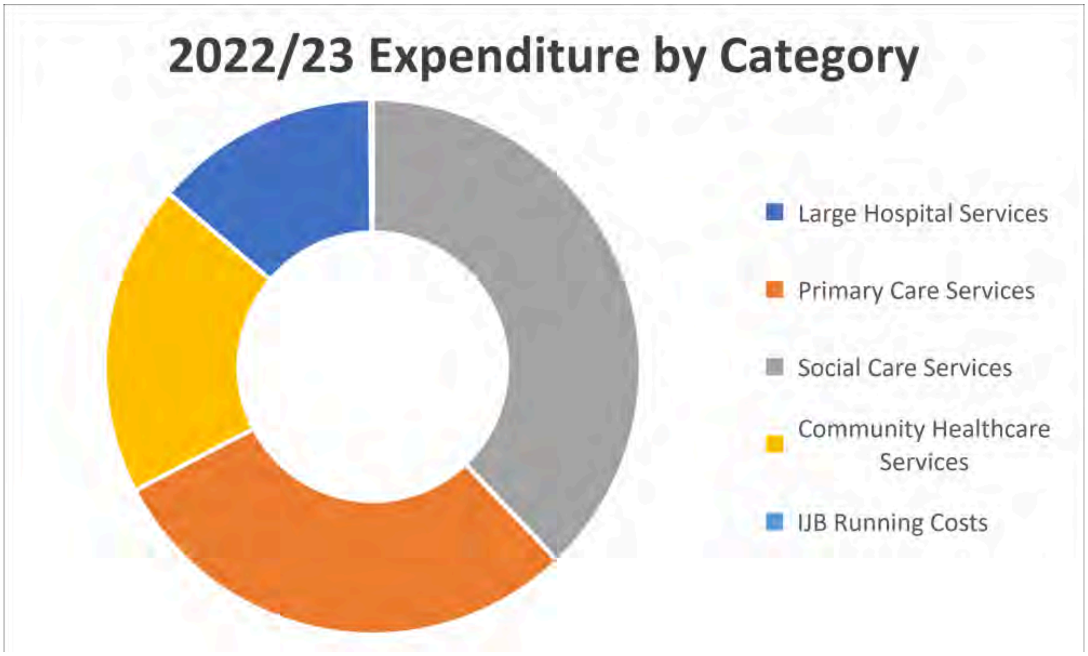


Figure 4: 2022/2023 Expenditure by Category

COVID-19 FINANCIAL IMPLICATIONS During 2022/23, £10.978m of Covid-19 funding previously provided by Scottish Government to meet all additional costs was retracted.

Expenditure of £4.423m relating to Covid-19 was incurred during the year and met from remaining Scottish Government Covid-19 funding.

FORWARD LOOK 2023/24 AND BEYOND The updated Medium Term Financial Plan was approved on 31st March 2023 covering financial years 2023/24 to 2026/27. The plan details an expected funding gap throughout this period and the initial savings delivery in 2023/24 in order to achieve a balanced budget.

The expected funding gap before savings delivery is set out in the table below:

Projections 2023/24 2024/25 2025/26 2026/27

£m £m £m £m

Expenditure 281.567 286.268 290.806 295.497 Funding (268.073) (270.786) (273.574) (276.440) Shortfall 13.493 15.482 17.232 19.057

Table 20: Expected Funding Gap

A number of assumptions have been used in the projections, including pay and social care provider uplifts, inflation rates and expected demographical changes.

It’s clear from the table above that Falkirk IJB and its partners are facing an extremely challenging financial future with expectations of significant change in demographics leading to growing demand and increasing costs. This comes at the same time as an expected reduction in real terms of the financial envelope within which to deliver services.

IJBs were established as agents of change and improvement, with an expectation that plans would be put in place to improve the health and wellbeing of the local population. One of the aims of integration is for the financial resources of the IJB to no longer be seen as separate social work and health budgets and instead to use the total resources available to meet the health and social care needs of the people of Falkirk. To achieve this, and deliver the Strategic Plan, money will have to move to support new models of care.

A savings programme has been identified for financial year 2023/24 which includes the use of £2.829m non-recurring funds from reserves. However, as non-recurring savings provide only a short-term solution, longer term solutions will require to be developed and work is continuing to identify service delivery changes that will deliver a sustainable financial position over the coming years.

PARTNERSHIP FUNDING PROGRAMME

Falkirk HSCP has operated a Partnership Funding programme since 2018. The programme has provided an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services in line with local priorities.

The IJB agreed that a single partnership investment plan should be developed to provide oversight of investment, governance, and evaluation of impact for all strands of funding available to the Partnership to support in-scope services.

The Partnership Funding Investment Plan 2021-2024 was developed in collaboration with partners and approved by the IJB in June 2021. During 2023/24, we will be reviewing the Plan.

The benefits of operating a Partnership Funding Programme include the ability to:

- Respond to emerging needs across the system on a flexible manner

- Effectively and transparently allocate, monitor, and evaluate funds, using a collaborative commissioning approach
- Include people with lived experience in design and decision-making processes
- Shift resources from crisis support to earlier intervention and prevention

Currently, the Partnership Funding Programme includes twelve funds:

1. Main Programme
2. Carers Fund
3. Health Inequalities and Wellbeing Fund (non-recurring)
4. Alcohol and Drugs Partnership
5. TEC Innovation Fund (non-recurring)
6. Dementia Innovation Fund

7. Falkirk Suicide Prevention Fund (Previously Choose Life) 8. Services for Survivors

9. Innovation and Invest to Save (non-recurring) 10. Locality based funding (non-recurring) 11. Mental Health Recovery and Renewal Funds (Phase 2 – Post Diagnostic

Support)

12. Joint Working Agreements

In 2022, the partnership accelerated the funding programme by progressing the commissioning processes for certain funds. This process was initially delayed by the pandemic and had resulted in some funds accruing reserves. By progressing the processes, new funds have been established such as the Health & Inequalities Wellbeing Fund, Carers Challenge Fund and the Falkirk Suicide Prevention Fund (Previously Choose Life.) The funding programmes have enabled the partnership to align investment with the priorities of the Strategic Plan and have also funded projects that address the challenges which have been exacerbated by Covid-19.

Currently, over 70 projects are funded through the twelve funding programmes. The geographical area for some is targeted Falkirk wide whereas others are more specifically based to localities and wards. The projects vary in terms of themes they address and the target groups they provide support to. The charts below list the main themes and target groups throughout all the projects. Examples of locality-based projects are provided within Table 22 below.

Themes Target Group

Mental Health

and Wellbeing All Adults

6

4 Health and 9

4 Wellbeing Older People

6 Food Support

29Fully Inclusive

7 Service Providing Advice 7

and SupportVulnerable

Tackling Social 8 People Exclusion

Figure 5: Project Themes Figure 6: Project Target Groups

Locality Area

4% 6%

4%

All

East

Central

West

86%

Figure 7: Projects by Locality Area

Project Name	Lead Organisation	Fund	Geographical Area
Community Link Worker Programme	Cyrenians	Main	Central

Working with people who have been referred to the service. They provide support and help to link people to a number of other services for external support. CLW are flexible with their clients and can be contacted out of hours and through multiple methods.

FC Community Grangemouth Health East Learning & Men's Group Inequalities & Development Wellbeing

Fund

Provision for men who live in the Grangemouth area and experience poor

mental health & wellbeing and wider health inequalities.

VIVA Denny Health West

Communities: Community Inequalities &

Making the CAP Support Group Wellbeing

Fit Fund

To provide a Voice, Information, Variety and Activities (VIVA) to improve

mental health.

Suicide FDAMH Falkirk Suicide All

Prevention Post Prevention

Fund

Money to fund part-time DRS Initial Assessment Officer to help manage

increase in demand in their service.

Table 21: Partnership Funding Case Studies

TRANSFORMATION PROGRAMME In March 2021, the Programme Management Office (PMO) Coordinator outlined the approach to build the Falkirk HSCP PMO and to develop a project management approach to govern its projects and programmes of transformation. The PMO Coordinator developed a project register to provide a clear overview of all the projects and programmes of change taking place at that time within their portfolio.

This register is regularly updated and has continued to evolve over time to reflect project completions, project status and additional projects have been added as approval has been agreed. The Project Register enabled prioritisation of the HSCPs Portfolio of Transformation Projects which were linked to HSCP Strategic Priorities. This allowed identification of six key transformation themes and provided greater insight into the team structure that will be required to meet the partnerships ambitious transformation programme.

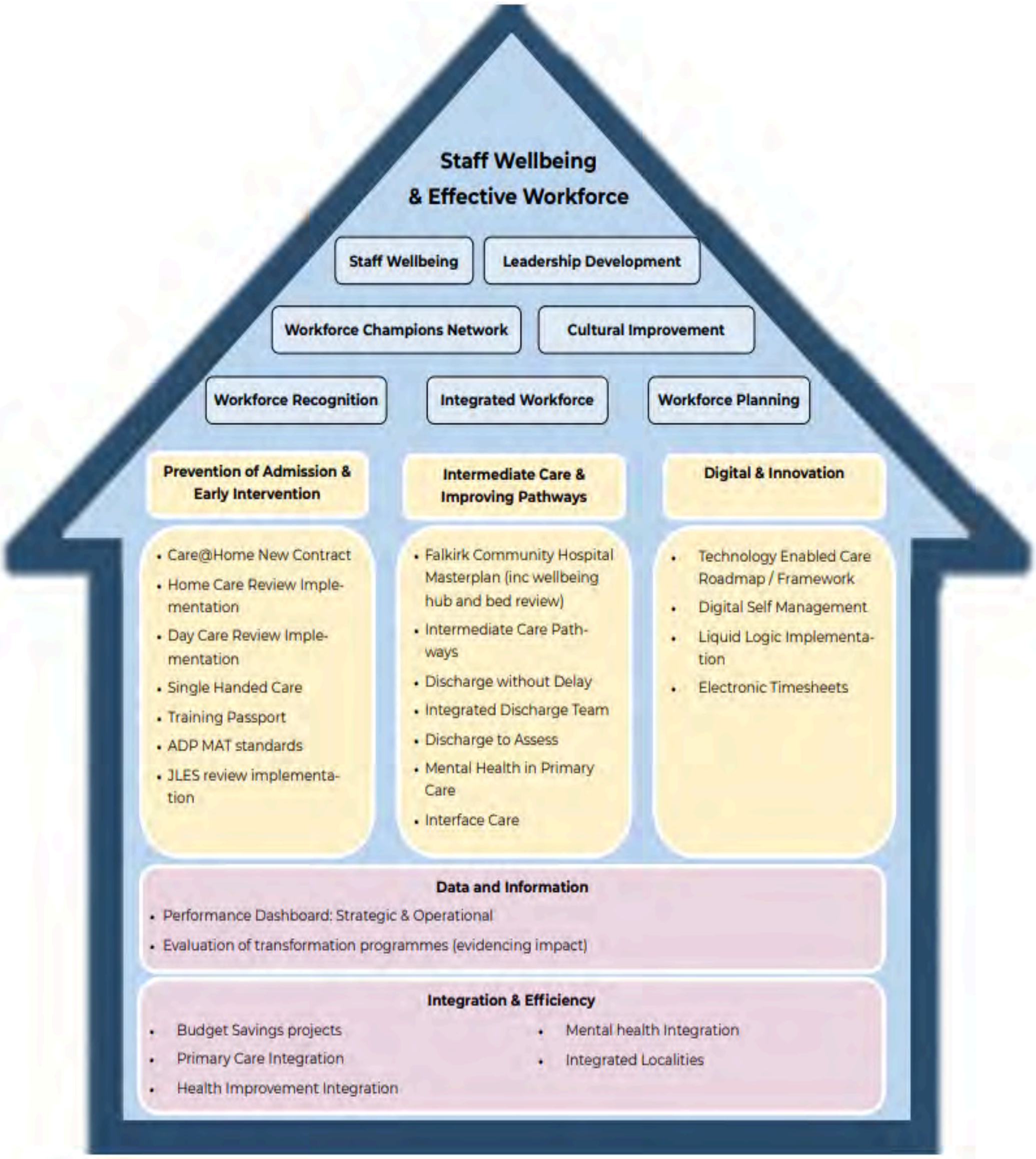

Staff Wellbeing & Effective Workforce
Staff Wellbeing
Leadership Development
Workforce Champions Network
Cultural Improvement
Workforce Recognition
Integrated Workforce
Workforce Planning
Prevention of Admission & Early Intervention
Care@Home New Contract
Home Care Review Implementation
Day Care Review Implementation
Single Handed Care
Training Passport
ADP MAT standards
JLES review implementation
Intermediate Care & Improving Pathways
Falkirk Community Hospital Masterplan (inc wellbeing hub and bed review)
Intermediate Care Pathways
Discharge without Delay
Integrated Discharge Team
Discharge to Assess
Mental Health in Primary Care
Interface Care
Digital & Innovation
Technology Enabled Care Roadmap / Framework
Digital Self Management
Liquid Logic Implementation
Electronic Timesheets
Data and Information
Performance Dashboard: Strategic & Operational
Evaluation of transformation programmes (evidencing impact)
Integration & Efficiency
Budget Savings projects
Primary Care Integration
Health Improvement Integration
Mental health Integration
Integrated Localities

Figure 8: Transformation Programme Themes

SECTION 9 – GOVERNANCE & PERFORMANCE

GOVERNANCE

THE CARE INSPECTORATE The Care Inspectorate is responsible for the regulation of care standards in Scotland. In consultation with the social care sector, the Care Inspectorate has developed a self-evaluation and quality framework model based on the Scottish Government's Health and Social Care Standards. Inspectors use the quality framework to evaluate the quality of care during inspections and improvement planning.

CARE INSPECTORATE QUALITY ASSESSMENT FRAMEWORK

The Quality Assessment Framework sets out Key Questions about the difference a care service makes to people's wellbeing, and the quality of the services that contribute to that.

From February 2022, Key Question 7 – How good is our care and support during the Covid-19 pandemic was removed and added under Key Question 1 "1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure."

Key Question 1 How well do we support people's wellbeing? **Key Question 2** How good is our leadership? **Key Question 3** How good is our staff team? **Key Question 4** How good is our setting? **Key Question 5** How well is our care and support planned? **Key Question 6** What is the overall capacity for improvement?

RESIDENTIAL CARE HOMES (OLDER PEOPLE) 18 of the 20 local care homes were inspected during the financial year 2022/23, an increase on twelve care homes being inspected during the 2021/22 financial year and three during 2020/21.

The percentage scores under each key question from all care homes in the Falkirk Council area were as follows:

Key Questions Good/Very Unsatisfactory/Weak/ Not Inspected

Good/Excellent Adequate

KQ 1 70% 25% 5% **KQ 2** 55% 20% 25% **KQ 3** 35% 10% 55% **KQ 4** 45% 0% 55% **KQ 5** 55% 0% 45% **KQ 6** 0% 0% 100%

Table 22: Residential Care Homes (Older People)

As of 31 March 2023, one care home scored a weak grade with the Care Inspectorate compared to none at the end of the last financial year. The Care

Inspectorate upheld eight complaints from January to December 2022 compared to ten from January to December 2021.

RESIDENTIAL CARE HOMES (ADULTS) All 11 local adult care homes are now assessed under the new Quality Assessment Framework. At the end of the 2022/23 financial year, 10 of the 11 adult care homes were inspected compared to three in the previous year.

The percentage scores under each key question from all care homes in the Falkirk Council area were as follows:

Key Questions Good/Very Unsatisfactory/Weak/ Not Inspected

Good/Excellent Adequate

KQ 1 91% 9% 0% **KQ 2** 82% 18% 0% **KQ 3** 45.5% 9% 45.5% **KQ 4** 45.5% 9% 45.% **KQ 5** 73% 9% 18% **KQ 6** N/A N/A N/A

Table 23: Residential Care Homes (Adults)

At the end of 2023, 91% of the adult care homes had undergone an inspection compared with only 27% at the end of 2022.

No care home scored a weak grade at the end of 2022/23. The Care Inspectorate upheld three complaints from January to December 2022 compared to one from January to December 2021.

CARE INSPECTORATE INSPECTION REPORTS The following table notes the report on local inspections by the Care Inspectorate. Actions plans are monitored by the HSCP Senior Leadership Team.

Publication Date Inspection Inspection Date

12 May 2022	Cunningham House Care Home Service	10 May 2022
24 May 2022	Grahamston House Care Home Service	19 May 2022
20 June 2022	Thornton Gardens	02 June 2022
09 February 2023	Joint Dementia Initiative Housing Support Service	06, 07, 09 February 2023

Table 24: Care Inspectorate Inspection Reports

CUNNINGHAM HOUSE CARE HOME SERVICE

Cunningham House care home service is situated in Grangemouth and provides a service for up to 20 people living with dementia. An unannounced inspection of the care home took place on 10 and 11 May 2022. There were no areas for improvements identified and the findings of the inspection are:

How well do we support people's wellbeing? 5 – Very Good 1.3 People's health and wellbeing benefits from their care and 5 – Very Good support

1.4 People experience meaningful contact that meets their 5 – Very Good outcomes, needs and wishes

1.5 People's health and wellbeing benefits from safe infection 5 – Very Good prevention and control practice and procedure

How good is our leadership? 5 – Very Good 2.2 Quality assurance and improvement is well led 5 – Very Good

Table 25: Cunningham House Care Home Inspection

GRAHAMSTONHOUSECAREHOME Grahamston House is a care home providing care and support for up to 36 older people living with dementia. Four of the places can be offered to people for a short break service. This service is registered separately with the Care Inspectorate.

An unannounced inspection of the care home took place on 18 and 19 May 2022. There were no areas for improvements identified and the findings of the inspection are:

How well do we support people's wellbeing? 5 – Very Good 1.3 People's health and wellbeing benefits from their care and 5 – Very Good support

1.4 People experience meaningful contact that meets their 5 – Very Good outcomes, needs and wishes

1.5 People's health and wellbeing benefits from safe infection 5 – Very Good prevention and control practice and procedure

How good is our leadership? 5 – Very Good 2.2 Quality assurance and improvement is well led 5 – Very Good **How well is our care and support planned? 4 – Good** 5.1 Assessment and personal planning reflects people's 4 - Good outcomes and wishes

Table 26: Grahamston House Care Home Inspection

THORNTON GARDENS

Thornton Gardens is registered as a care home to provide a short break and respite service to a maximum of six adults with a learning disability at any one time. Two of these places will be for emergency placements. The service has moved premises and changed its name from ‘The Rowans’ since the last inspection. Thornton Gardens currently has a variation to the registration with the Care Inspectorate. This was added and accepted due to the pandemic and subsequent system pressures. The current registration is:

- To provide a short breaks and respite care service to a maximum of six adults with a learning disability. Two of these places will be for emergency placements.

- Until 31 May 2023, the service can provide a short breaks and respite care service to a maximum of twelve adults and older people. Three of these places will be for emergency respite.

An unannounced inspection of the care home took place on 31 May and 2 June 2022. The findings of the inspection are:

How well do we support people's wellbeing? 4 – Good

1.3 People's health and wellbeing benefits from their care and 4 - Good

support

1.4 People experience meaningful contact that meets their 4 – Good

outcomes, needs and wishes

1.5 People's health and wellbeing benefits from safe infection 5 – Very Good

prevention and control practice and procedure

How good is our leadership? 4 – Good

2.2 Quality assurance and improvement is well led 4 – Good

Table 27: Thornton Gardens Inspection

The inspection followed up on four areas of improvement identified by the Care Inspectorate in October 2018. The inspection concluded that for three areas for improvement these had been met. The remaining improvement action related to care planning and noted that the service should review the format used to ensure that staff have appropriate information to deliver care and support effectively depending on each person's length of stay and complexity of health needs.

JOINT DEMENTIA INITIATIVE

The Joint Dementia Initiative provides a one-to-one housing support and care at home service for people diagnosed with dementia, or memory problems, living in their own homes. Although the service is commissioned to provide support for people living with dementia, family members can also benefit from the support from the service. This service is user-led and provides practical support and advice, as well as social and leisure opportunities.

This was a short-announced inspection which took place on 6, 7, and 9 February 2023. The inspection considered five quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspection are:

How well do we support people's wellbeing?	**5 – Very Good**
1.1. People experience compassion, dignity and respect	6 – Excellent
1.3 People's health and wellbeing benefits from their care and support	6 – Excellent
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 – Very Good
How good is our leadership?	**5 – Very Good**
2.2 Quality assurance and improvement is well led	5 – Very Good

Table 28: Joint Dementia Initiative Service Inspection

The Care Inspectorate report noted the following key messages:

- Joint Dementia Initiative were sector leading and supported experiences for people which were of outstanding high quality
- People were respected and listened to because their wishes and preferences were used to shape how they were supported
- Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day-practice
- Families of people they had supported had nothing but praise for the service
- Staff recognised changing health and social needs and shared this information quickly with the right people
- The service would benefit from a more structured quality assurance to ensure a consistent approach
- Management were in the process of reviewing the service to improve outcomes and opportunities for people

BO'NESS COMMUNITY HOSPITAL, WARD 2 Ward Two is a 16-bedded unit which provides assessment and treatment for older adults with dementia. The ward admits both male and female patients. On the day of the Mental Welfare Commission (MWC) visit there was one vacant bed. The MWC have not visited this ward since 2017.

Publication Date	Inspection	Inspection Date
18 January 2023	Bo’ness Community Hospital	01 November 2022

Table 29: Bo’ness Community Hospital MWC Inspection Report

The MWC report provided positive feedback on many aspects of care and treatment within the ward. The report noted the complex needs of the patients within the ward and the frailty and care needs associated with the specific needs of the patients. They noted the high level of care and treatment required for this patient group and saw good evidence of this on the visit. Positive feedback was provided on the Community Hospital Care booklet which captured all physical healthcare assessments, plans, interventions, and evaluations.

Good compliance was noted around some key aspects of the Mental Health Act, an example that was noted related to the locked door policy being in place, supported with appropriate risk assessments and documentation which was visible when entering the ward.

There were five recommendations made and Falkirk HSCP will submit a response to these by April 2023. Part of the response is the development of an improvement plan, and this will be shared with the MWC as evidence of actions taken. The plan will be monitored through local governance process with updates provided to Committee. Additionally, there have been many opportunities taken to share the learning from this report system wide.

The recommendations are:

- Managers should ensure a review of the record keeping system is undertaken to ensure all information is current, up-to-date, and held in one place
- Managers should ensure nursing care plans are person-centred, contain individualised information, reflect the care needs of each person, identify clear interventions and care goals
- Managers should ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals
- Managers should urgently ensure a pathway is developed in partnership with social work colleagues to support timely discharge from hospital
- Managers should ensure that processes are in place to comply with Part 16 of the Mental Health Act and that all prescribed psychotropic medication is legally authorised.

PERFORMANCE

NATIONAL INTEGRATION INDICATORS

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

Indicators 1-9 are populated by the bi-annual Health and Care Experience (HACE) Survey. The most recently available data for these indicators is for 2021/22. Indicators 11-20 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS).

Our latest performance for the indicators that have been updated this year (11 to 19) is set out in the following ‘Performance at a Glance’, with more detailed tables on the following pages.

PERFORMANCE AT A GLANCE

INDICATOR SUMMARY

From the 9 indicators updated this year:

- indicator where Falkirk **compares well** to Scotland. 1
- indicators where Falkirk is **similar to** Scotland. 2

- indicators where Falkirk **does not compare well** to national 6

  average.

2022 performance has decreased, including:

- Falkirk, 7 of 9 indicators seen a decrease in performance • Scotland, 5 of 9 indicators seen a decrease in performance

No. Performance Data Indicator National NI-11 473 per 100,00 Premature mortality 442 per

rate per 100,000100,00

persons.

NI- 14,769 admissions per 100,000 Emergency 11,155 per 12 admission rate 2020 100,000

NI- 130,429 bed days per 100,000 Emergency bed day 113,134

13 rate 2020 per

100,000

NI- 142 per 1,000 Readmission to 102 per

14 hospital within 28 1,000

days – rate per 1,000 population, 2020.

NI- 88.8% Proportion of last 6 89.3%

15 months spent at

home or in a

community setting

20202

NI- 25.4 falls per 1,000 Falls rate per 1,000 22.2 per

16 population aged 65+, 1,000

2020

NI- 79.5% Proportion of care 75.2%

17 services graded good

or better in Care

Inspectorate

Inspections, 2020

NI- 62.6% Percentage of adults 63.5%

18 with intensive care

needs receiving care

at home, 2020

NI- 1,386 per 100,000 Number of days 919 per

19 people spend in 100,000

hospital when they

are ready to be

discharged, 2020

Compares well is defined as Falkirk rate is 2% better than Scotland. Does not compare well is defined as Falkirk rate is not within 2% of Scotland rate. Similar is defined as Falkirk rate within 2% of Scotland rate.

Notes on Indicators 1-9

There are no updates to indicators 1-9 (Health and Care Experience Survey). The next update will be released in 2024.

Notes on Indicators 11-20

Use of Proxy 2022/23 financial year data for indicators 11, 12, 13, 14, 15 and 16 Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships.

Indicator 17 and 19

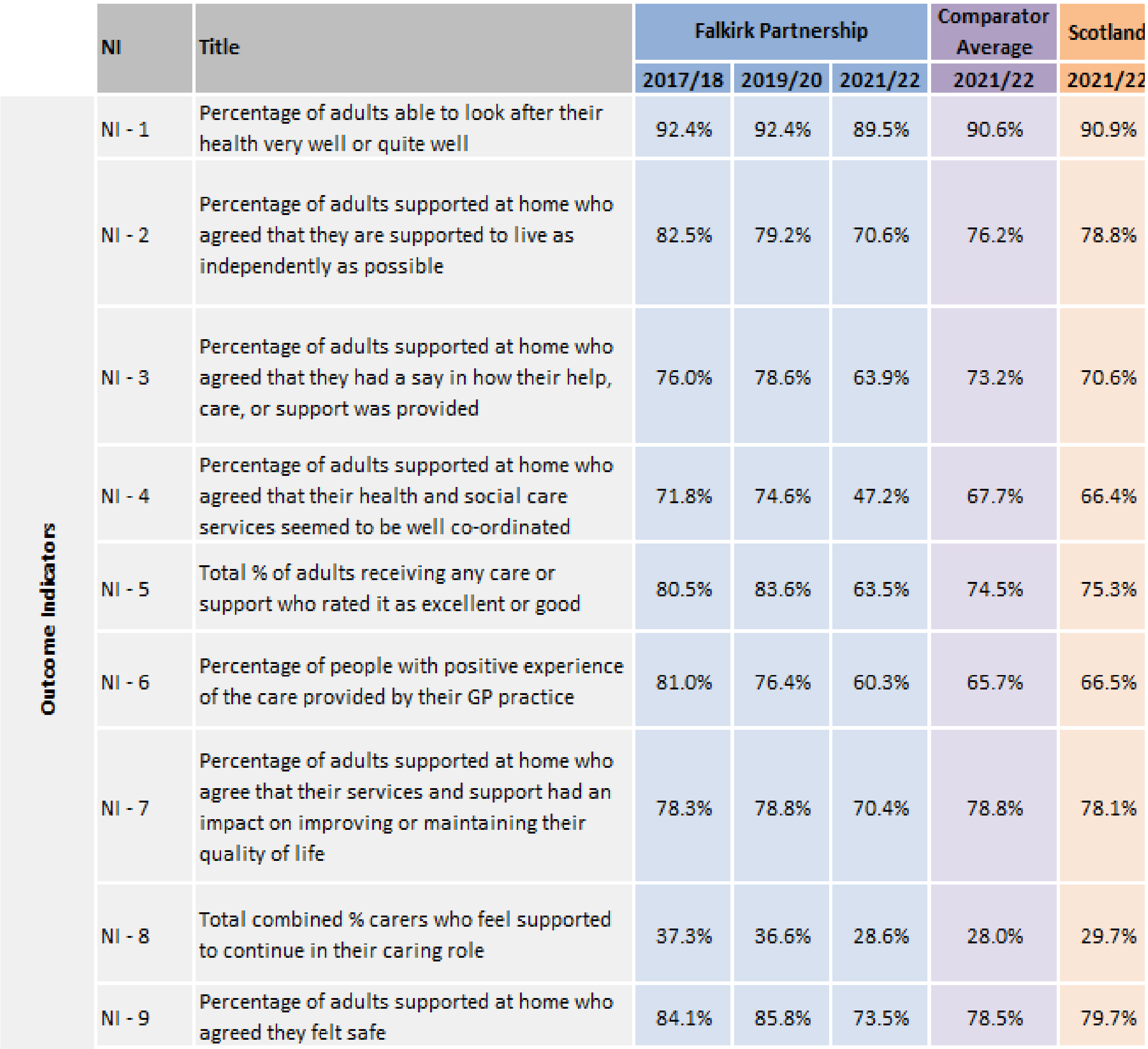
These indicators have been updated to financial year 2022/23.

Indicator 18

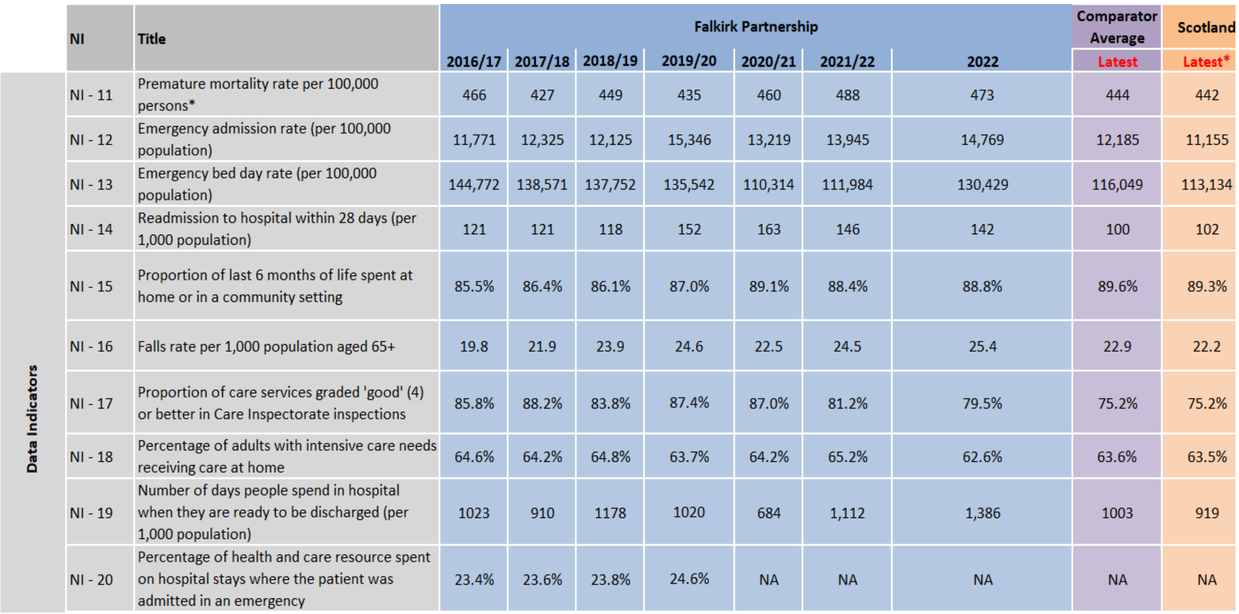
Indicator 18 (percentage of adults with intensive care needs receiving care at home) has been updated to calendar year 2022.

Indicator 20

NHS Boards have not been able to provide detailed cost information since 2019/20 due to changes in service delivery during the Covid-19 pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the Covid-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.



	NI	Title	Falkirk Partnership			Comparator Average	Scotland
			2017/18	2019/20	2021/22	2021/22	2021/22
Outcome Indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	92.4%	92.4%	89.5%	90.6%	90.9%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82.5%	79.2%	70.6%	76.2%	78.8%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	78.6%	63.9%	73.2%	70.6%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71.8%	74.6%	47.2%	67.7%	66.4%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	74.5%	75.3%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	65.7%	66.5%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78.3%	78.8%	70.4%	78.8%	78.1%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	28.0%	29.7%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84.1%	85.8%	73.5%	78.5%	79.7%



	NI	Title	Falkirk Partnership							Comparator Average	Scotland
			2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Latest	Latest*
Data Indicators	NI - 11	Premature mortality rate per 100,000 persons*	466	427	449	435	460	488	473	444	442
	NI - 12	Emergency admission rate (per 100,000 population)	11,771	12,325	12,125	15,346	13,219	13,945	14,769	12,185	11,155
	NI - 13	Emergency bed day rate (per 100,000 population)	144,772	138,571	137,752	135,542	110,314	111,984	130,429	116,049	113,134
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	146	142	100	102
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.1%	88.4%	88.8%	89.6%	89.3%
	NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	24.5	25.4	22.9	22.2
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	79.5%	75.2%	75.2%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.8%	63.7%	64.2%	65.2%	62.6%	63.6%	63.5%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,112	1,386	1003	919
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.

2. NI 1 – 9: Data are presented on financial year file and 2021/22 is the most recent data available. The

figures presented for the Core Suite of Integration Indicators may differ from those published due to

changes in the underlying methodology. Historic figures will also not be comparable due to a change

in methodology.

3. NI 11 and 18 are presented on calendar year 2022.

4. NI 12 – 16: Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23

being incomplete. We have done this following guidance from Public Health Scotland and to improve

consistency between our report and those for other Health and Social Care Partnerships.

5. NI 17 is presented on financial year with the latest available data being from 2022/23.

6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators

group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or

rates for each indicator, rather than a true weighted average.

7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.

8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded

in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has

contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley

areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

Comparators: Includes members of Family Group 3: Clackmannanshire, Dumfries & Galloway, Fife,

Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian:

http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html

SECTION 10 – CONCLUSION

LOOKING FORWARD

With a new Strategic Plan and priorities, the Partnership, with support from a range of partners, remains committed to improving services available to people. We will continue to increase our involvement of people with lived experience to help us ensure we are delivering person-centred services.

We will continue to manage the ongoing increased pressure on services and the workforce as well as the impact of the current economic pressures on people’s health and wellbeing, and the widening health and social inequalities in our communities.

Our ambitious transformation programme will enable our limited resources to be aligned to key areas of service delivery that will make the biggest impact on our Partnership.

Key areas of work for 2023/2024 include:

- Progress the Transformation Programme, including the redesign of Home Care provision, the Care at Home tender and Dementia Strategy implementation and service review projects
- Workforce recruitment and retention
- Work with partners to drive forward the Community-Led Support

Strategy

- Refresh the Participation and Engagement Strategy
- Refresh the Communication Strategy
- Develop a Digital Health and Care Programme Board and Digital Health and Care Strategy
- Raise awareness of Care Opinion
- Review Partnership Funding programme and propose new Partnership Funding Investment Plan for 2024/2025

GLOSSARY

A glossary of common terms and acronyms used within health and social care can be found at FalkirkHSCP.org/glossary

Agenda Item: 12

Falkirk Integration Joint Board

29 September 2023

Performance Monitoring Report

For Consideration & Comment

1. Executive Summary

1.1 The Performance Monitoring Report June 2022 – June 2023 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

1.2 The report provides a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

2. Recommendations

The Integration Joint Board is asked to consider and comment on:

2.1 the content of the Performance Monitoring Report

2.2 note that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.

3. Background and Approach

3.1 The overall approach to performance underlines the principle that robust performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

3.2 The Performance Monitoring Report is presented to support focus on current key performance issues and actions in relation to the delivery of services and relevant national and local targets and measures aligned to the Strategic Plan. Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives and local changes. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

3.3 Performance indicators within the report are monitored on an ongoing basis through a variety of groups, including the Partnership Management Team.

4. Performance Monitoring Report

4.1 The Falkirk Partnership Performance Group has proposed a structured and themed timetable in relation to performance monitoring reporting for 2023. This has been based on the IJB programme of meetings.

4.2 The content of the Performance Monitoring report covers the reporting

period June 2022 – June 2023. It focuses on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance. The report is attached at Appendix 1.

4.3 The report draws on a basic balanced scorecard approach designed to

provide a comprehensive ‘at a glance’ view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting with measures displaying a deteriorating position against the last comparable reporting timeframe or are particular areas of challenge.

4.4
Section 1 provides a summary of key performance issues for the Integration
Joint Board, with an extract provided below:

- ED Performance against the 4 Hour Access Standard

The June 2023 compliance for the Falkirk Partnership highlights an increase in performance to 61.3% compared with 57.6% in June 2022.

- Delayed Discharge

The Falkirk partnership breakdown at the June 2023 census is noted as:

- 28 Standard delays, 18 are delayed over 2 weeks
- 24 guardianship/code 9 exemptions
- 52 total delays.

- Complaints – Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale has increased to 70% in the first quarter of 2023/24, compared to 67% through 2022/23.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

- Complaints – NHS Forth Valley

In the period April 2023 to June 2023, a total of 12 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 41.7%.

- Attendance management – Social Work Adult Services

The overall sickness absence figure for the first quarter of 2023/24 was 10.6%, compared to 11.7% for the same period in the previous year, a decrease of 1.1 percentage points.

- Attendance management - NHS Forth Valley

The overall June 2023 sickness absence position is reported as 6.44% with the 12-month rolling position noted as 7.40%.

- Psychological Therapies

In June 2023, 74.9% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 72.7% and an increase from 64.3% in June 2022.

4.5 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.

4.6 Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

5. Local Government Benchmarking Framework 2021/22

5.1 The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service designed to support senior management teams and elected members to improve key council services.

5.2 A briefing note is included within the Performance Monitoring Report at Appendix 3 with focus on the eight performance indicators. This provides a contextual understanding of how Falkirk compares alongside the LGBF ‘family grouping’ of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

6. Conclusions

6.1
The Performance Monitoring Report presents a range of information on local
indicators for the reporting period June 2022 – June 2023.

Resource Implications

The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

Impact on IJB Outcomes and Priorities

By managing performance, the delivery of the IJB outcomes and priorities can be assessed, providing a sound basis from which to make decisions regarding investment and service redesign.

Directions

No amendment or new Direction is required for this report.

Legal & Risk Implications

Performance management is a legal requirement as defined in the IJB’s Integration Scheme.

Consultation

This is not required for the report.

Equalities Assessment

EPIA reference: 00481

An initial EPIA has been completed. This report provides a summary of key performance issues for the Board to note. The Board is not being asked to make a decision which will impact on people. Therefore, a full EPIA is not required.

Should measures be introduced to improve performance in relation to the delivery of services, a full EPIA may be required.

7. Report Authors

Calum MacDonald, Performance & Quality Assurance Manager, Falkirk HSCP

Claire Alexander, Corporate Performance Team, NHS Forth Valley Roger Morden, Performance Review Officer, Falkirk HSCP

8. List of Background Papers

8.1 None

9. Appendices

Appendix 1: Performance Monitoring Report June 2022 – June 2023

Falkirk
Health and Social Care
Partnership

Performance Monitoring

Report

Reporting Period

June 2022 – June 2023

Contents

1. KEY PERFORMANCE ISSUES... 2
1.1 Emergency Department (ED) Performance against the 4 hour Access Standard 2
1.2 Delayed Discharge 2
1.3 Complaints - Falkirk Council Social Work Adult Services 2
1.4 Complaints - NHS Forth Valley 2
1.5 Attendance Management – Social Work Adult Services 2
1.6 Attendance Management - NHS Forth Valley 3
1.7 Psychological Therapies 3
2. PERFORMANCE DASHBOARD 4
2.1. Format and Structure 4

2.2. Table 1: Self-Management Indicators 24 – 40 4

2.3. Table 2: Safety Indicators 42 – 48 6

2.4. Table 3: Experience Indicators 54-69 6

2.5. Table 4: Strong Sustainable Communities Indicators 72a – 86 8

3. PERFORMANCE EXCEPTION REPORTS 10

3.1. Local Outcome: Self-Management - Unscheduled Care – Emergency Department (ED) Compliance 10

3.2. Local Outcome: Experience – Unscheduled Care - Delayed Discharge 11

3.3. Local Outcome: Experience – Complaints to Social Work Adult Services 14

3.4. Local Outcome: Experience – Complaints to NHS Forth Valley 17

3.5. Local Outcome: Experience – Attendance Management in Social Work Adult Services 18

3.6. Local Outcome: Experience – Attendance Management in NHS Forth Valley.......... 20

3.7. Local Outcome: Experience – Psychological therapies 21

Appendix 1 Falkirk Integration Joint Board Strategy Map 23

Appendix 2 GLOSSARY 26

Appendix 3 Local Government Benchmarking Framework Briefing 28

1. KEY PERFORMANCE ISSUES

1.1 Emergency Department (ED) Performance against the 4 hour Access

Standard

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

The June 2023 compliance for the Falkirk Partnership highlights an increase in performance to 61.3% compared with 57.6% in June 2022.

1.2 Delayed Discharge

The Falkirk partnership breakdown at the June 2023 census is noted as:

☐ 28 Standard delays, 18 are delayed over 2 weeks ☐ 24 guardianship/code 9 exemptions ☐ 52 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 753 at the June 2023 census. As with the Forth Valley position this is a significant decrease from the June 2022 census position of 1492.

1.3 Complaints - Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale has increased to 70% in the first quarter of 2023/24, compared to 67% through 2022/23.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

1.4 Complaints - NHS Forth Valley

In the period April 2023 to June 2023, a total of 12 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 41.7% with 100.0% of Stage 1 complaints responded to within the timescale and 22.2% of Stage 2 complaints.

1.5 Attendance Management – Social Work Adult Services

The overall sickness absence figure for the first quarter of 2023/24 was 10.6%, compared to 11.7% for the same period in the previous year, a decrease of 1.1 percentage points.

1.6 Attendance Management - NHS Forth Valley

The target is to reduce sickness absence to 4%. The overall June 2023 sickness absence position is reported as 6.44% with the 12-month rolling position noted as 7.40%.

1.7 Psychological Therapies

In June 2023, 74.9% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 72.7% and an increase or improvement from 64.3% in June 2022. The Scotland position for the quarter ending June 2023 was 78.8% with Forth Valley 74%.

2. PERFORMANCE DASHBOARD

2.1. Format and Structure

The Partnership focus is across the local outcomes with work continuing to support a balanced approach to measurement and reporting.

This section of the report highlights local data based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison. Performance data relates to adults aged 18 and over.

The Performance Exception Reports at section 3 detail areas of challenging performance or indicators that require on-going monitoring. Key issues are highlighted along with actions underway to support improvements.

Key:

Direction of travel relates to previously reported position

▲ Improvement in period

◄► Position maintained

▼ Deterioration in period

▬ No comparative data

2.2. Table 1: Self-Management Indicators 24 – 40

Ref	Exception Measure	Jun 2022	Jun 2023	Direction of travel	Report

24 Emergency department 4 hour wait Forth Valley (ED+MIU) 62.8% 67.8% ▲

25 Emergency department 4 hour wait Falkirk (ED+MIU) 57.6% 61.3% ▲

26 Emergency department attendances per 100,000 Forth Valley Population 1898 1834 ▲ -

27 Emergency department attendances per 100,000 Falkirk 1929 1871 ▲ -
28 Emergency admission rate per 100,000 Forth Valley population (all ages) 1233 1141 ▲ -

29 Emergency admission rate per 100,000 Falkirk population 1218 1120 ▲ -

30 Acute emergency bed days per 1000 Forth Valley population **Ref Exception Measure Jun 2022 Jun 2023 Direction of travel Report** 761 837 ▼ -
31 Acute emergency bed days per 1000 Falkirk population 793 877 ▼ -

32 **Ref**
Exception Measure Jun 2022 Jun 2023 Direction of travel Report Number of patients with an Anticipatory Care Plan in Forth Valley 56,317 55,847 ▼ -
33 Number of patients with an Anticipatory Care Plan in Falkirk 28,695 28,351 ▼ -

34 Key Information Summary as a percentage of the Board area list size Forth Valley 18.4% 18.3% ▼ -

35 Key Information Summary as a percentage of the Board area list size Falkirk 17.9% 17.6% ▼ -

Acute emergency bed

Ref Measure
Exception 2020/21 2021/22 Direction of travel Report Self Directed Support (SDS) options selected: People choosing 29 25 37 SDS Option 1: Direct payments (data only) - - (0.7%) (0.5%) 17 96 38 SDS Option 2: Directing the available resource (data only) - - (0.4%) (2.0%) 4,128 4,525 39 SDS Option 3: Local Authority arranged (data only) - - (92.7%) (94.6%) 279 40 SDS Option 4: Mix of options (data only) - - (6.3%) 135 (2.8%) Total service option choices - Option 1 – 64 (1.3% of people choosing) - Option 2 – 197 (4.1%) - Option 3 – 4,659 (97.4%) **Note** : Option 2 numbers recovered in 2021/22 having fallen due to a reduction of respite care provided during the Covid affected period. These service users often receive no other service and, where they do, are frequently receivers of LA

arranged Home Care (Option 3), which had led to reduction in multiple option choices (Option 4) and an increase in single choice of Option 3.

2.3. Table 2: Safety Indicators 42 – 48

42 **Ref**
Report Measure Jun 2022 Jun 2023 Direction of travel Exception
Readmission rate within 28 days per 1000 admissions FV 46.7 51.8 ▼ -
43 Readmission rate within 28 days per 1000 admissions Falkirk 49.5 54.5 ▼ -

Ref Measure
Exception 2022/23 Q1 2023/24 Q1 Direction of travel Report 45 Number of Adult Protection Referrals (data only) 278 251 - -
46 Number of Adult Protection Investigations (data only) 11 25 - -

% of protection referrals that result in an investigation 4% 10% - -

47 Number of Adult Protection Support Plans at end of period (data only) 24 13 - -

(at 30/06/22) (at 31/06/23)

Ref Measure
Direction Exception 2021/22 2022/23 of travel Report 48 The total number of people with community alarms at end of the period 3,811 3,705 - - (at 31/03/22) (at 31/03/23)
2.4. Table 3: Experience Indicators 54-69

54 **Ref**
Exception Measure Jun 2022 Jun 2023 Direction of travel Report
Standard delayed discharges 58 28 ▲
55 Standard delayed discharges over 2 weeks 37 18 ▲

56 Bed days occupied by delayed discharges 1492 753 ▲

57 Page 11 Number of code 9 delays, including guardianship 15 24 ▼

58 Number of code 100 delays 3 2 ▲

59 Delays - including Code 9 and Guardianship 73 52 ▲

64 **Ref**
2022/23 2023/24 2023/24 2023/24 Direction Exception Measure Q1 Q1 Q1 Q1 of travel Report Stage 1 Stage 2 a . The number of Social Work Adult Services (Stage 1 & 2) 22/31 16/23 13/19 3/4 - P14 complaints completed within 20 days **b.** The proportion of Social Work Adult Services (Stage 1 & 71% 70% 68% 75% ▲ 2) complaints completed within timescales **c** . Proportion of Social Work Adult Services complaints % Upheld 32% 50% - upheld % Partially upheld 26% 0% -

% Not upheld 21% 50% -

% Resolved 21% 0%

65 **Ref**
Apr 2022- Apr-Jun Direction Exception Measure Mar 2023 2023 of travel Report a . The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 27 12 - P17 1 & Stage 2) **b** . The percentage of complaints responded to within 20 days (Stage 1 & Stage 2) 77.8% 41.7% ▼

c. The number of SPSO cases received 0 0 -

66a Attendance Management - Social Work Adult Services (Target – 5.5%)
Ref
2022/23 2023/24 Direction Exception Measure Q1 Q1 of travel Report
11.7% 10.6% ▲ P18

Ref
Exception Measure Jun 2022 Jun 2023 Direction of travel Report 66b Attendance Management – NHS Forth Valley (Interim target 4.5%) 6.18% 6.44% ▼ P20

Ref

Apr 2018- Apr 2019- Direction Exception Measure Mar 2019 Mar 2020 of travel Report 67 Number of Alcohol Brief Interventions delivered – annual target 3410 (most up to 9158 9030 ▼ - date published position)

Ref

Jan 2022- Jan 2023- Direction Exception Measure Mar 2022 Mar 2023 of travel Report 68a Substance Use - Percentage of patients that commence treatment within 3 weeks 94.8% 92.4% ▼ - of referral – Forth Valley Alcohol & Drug Partnership - 90% target (most up to date published position) 68b Substance Use - Percentage of patients that commence treatment within 3 weeks 98.7% 98.9% ▲ - of referral – Forth Valley Prisons - 90% target (most up to date published position)

Ref

Exception Measure Jun 2022 Jun 2023 Direction of travel Report 69 Access to Psychological Therapies – Percentage of people that commenced 64.3% 74.9% ▲ P21 treatment within 18 weeks of referral

2.5. Table 4: Strong Sustainable Communities Indicators 72a – 86

Ref

End June End June Direction Exception Measure 2022 2023 of travel Report 72a Number of individuals assessed and waiting for a care at home package 212 39 ▲ -

72b Number of people aged 65+ receiving care at home **Ref**

End March End March Direction Exception Measure 2022 2023 of travel Report 1,378 1,514 ** -

74 417 Rate of care at home hours per 1000 population aged 65+ 347 - 445

73 Number of care at home hours for people aged 65+ 10.639 12,569 - 75

Number people aged 65+ receiving 10+ hrs of care at home 346 -

76 **Ref**

End March End March Direction Exception Measure 2022 2023 of travel Report a. Number & percentage of care at home service users aged 65+ receiving 1,310 & 1,494 & - personal care 95.1% 98.6% 76 b. Number & percentage of care at home service users aged 18-64 175 & 200 & - - receiving personal care 97.8% 99.5% **Please note that the care at home data in indicators 72 - 76 are derived from the SOURCE dataset submitted to Public Health Scotland, using a snapshot at the end of March. Note the data relates to Care At Home services only and omits here services delivered under housing support.**

77 **Ref**

Exception Measure 2022/23 Q1 2023/24 Q1 Direction of travel Report Number of new Telecare service users 65+ 27 48 - -

83 **Ref**

Direction Exception Measure 2020/21 2021/22 of travel Report The number of people who had a community care assessment or review 8,091 9,522 ▲ - completed people people * Indicator under development since move to new social work information system (13,724 (14,528 assessments assessments 6,207 6,230 reviews) reviews)

84 **Ref**

Exception Measure 2022/23 Q1 2023/24 Q1 Direction of travel Report Number of Adult Carer Support Plans that have been completed by the 143 158 ▲ - Carers Centre

85 **Ref**

At 31 Mar At 31 Mar Direction Exception Measure 2021 2022 of travel Report The number of overdue 'OT' pending assessments at end of the period 226 292 ▼ - * Indicator under development since move to new social work information system

86 **Ref**

Direction Exception Measure 2020/21 2021/22 of travel Report

Proportion of last six months of life spent at home or in a community setting 89.1% 88.4% ▼ -

3. PERFORMANCE EXCEPTION REPORTS

3.1. Local Outcome: Self-Management - Unscheduled Care – Emergency

Department (ED) Compliance

Target

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. This is a whole system target.

Performance

Overall compliance with the 4-hour target in June 2023 was 67.8%; Minor Injuries Unit 100%, Emergency Department 53.9%. A total of 2,372 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 849 waits longer than eight hours, 291 waits longer than 12 hours and 1 wait longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,332 patients, noting this is a reduction from 1,499 in May. The number of patients waiting for first assessment continues to be as a result of issues in relation to capacity. Wait for a bed accounted for 507 patients waiting beyond 4 hours with Clinical Reasons accounting for 186 breaches.

The position over time in respect of ED attendance highlights an overall decreasing trend in the number of attendances over the last 18 months and attendances in June 2023 higher than June 2022, with 5,321 and 5,140 attendances respectively.

In June there were 566 new attendances to Rapid Assessment and Care Unit (RACU), 146 of which were via ED. This is compared to 474 new attendances in June 2022, 131 of which presented via ED. There were 104 scheduled returns in June 2023 a reduction from 125 in June 2022.

678 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 13.2% of all ED attendances in June.

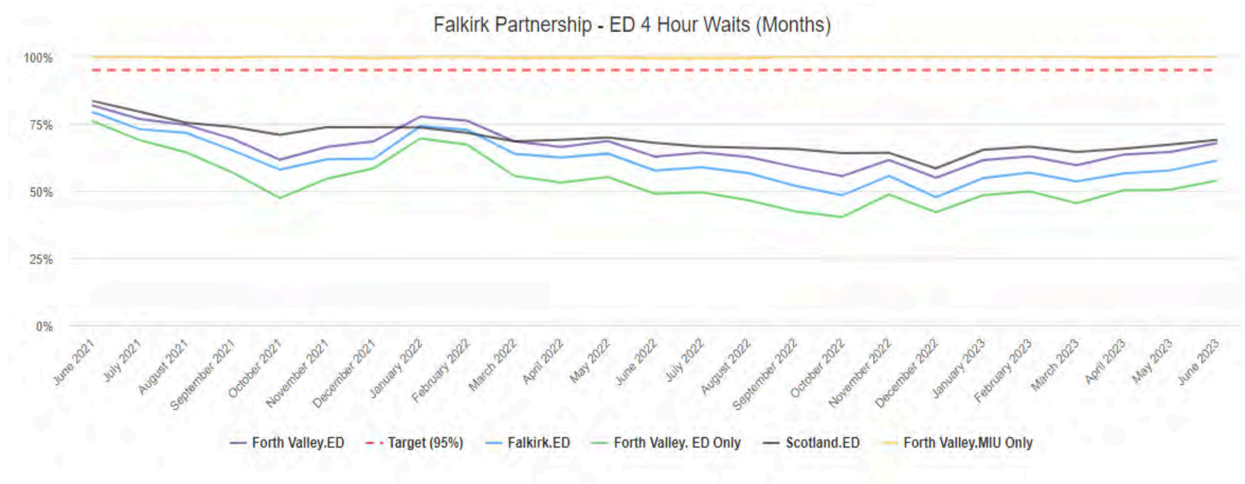
The June 2023 compliance for the Falkirk Partnership highlights an increase in performance to 61.3% compared with 57.6% in June 2022.

The 4-hour Emergency Access Standard (EAS) remains variable however, on reviewing the data there are more data points above the median and nearer trajectory. There have been periods of improvement in our median time to triage and median time to first assessment data which is likely as a result of the ED triage model. We are starting to see fewer 12-hour breaches and fewer contingency beds. An improvement trajectory has been agreed with Scottish Government colleagues and is under continual review.

Priority is being given to the continued identification of capacity to relieve pressure within the system with focussed work ongoing to support sustained recovery. Work continues to minimise the use of contingency spaces, along with the work underway in respect of discharge without delay and rapid assessment and discharge. There is ongoing development of the ED Triage model with the aim to expand its hours of operation. Supporting this is an increased focus on flow and pre-noon discharges together with review of discharge lounge use and how this can be maximised. Pre noon discharge remains variable however an improvement has been seen since early May.

The chart below notes performance from June 2021 – June 2023.

Chart 1: A&E Compliance with the 4 Hour Emergency Access Standard



The Partnership is committed to supporting people to receive appropriate support and treatment within the community to reduce the number of A&E attendances and subsequent admissions to hospital. There are a range of services in place that aim to support people to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community available. At a time of escalating need or 'crisis', services support people to access care or support at the lowest level of intervention appropriate to address their needs.

3.2. Local Outcome: Experience – Unscheduled Care - Delayed Discharge

Performance

Table 1 provides a breakdown of Delayed Discharge performance at the June 2023 census.

Table 1: Delayed Discharge Breakdown – June 2023 Under **TOTAL** Over Standard Guardianship Code Code Infection **(Ex code** 2wks

2wks Delays 9/51X 9_Other 100 Codes **100)**

Falkirk 10 18 28 21 3 **52** 2 0 Total FV 26 31 57 31 8 **96** 3 0

The June 2023 census position for Forth Valley delays over 14 days is 31 against a zero standard. A further 26 delays waiting under 2 weeks brings the total number of standard delays to 57. Including 39 code 9 exemptions the total number of delayed discharges at the June 2023 census point is noted as 96.

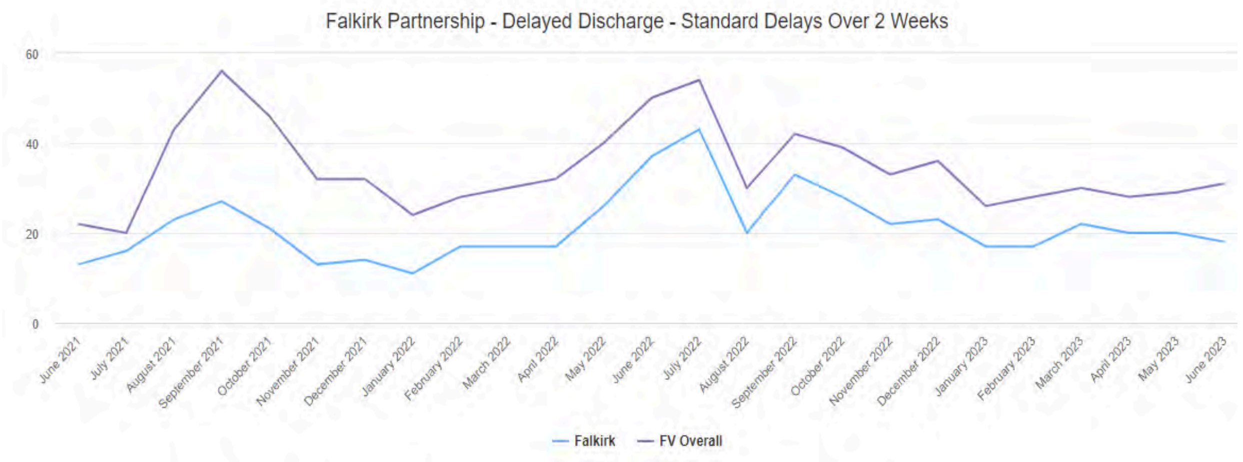
A further 3 delayed discharges are noted from residents living in Local Authority outwith the Forth Valley area.

The Falkirk partnership breakdown at the June 2023 census is noted as:

☐ 28 Standard delays, 18 are delayed over 2 weeks ☐ 24 guardianship/code 9 exemptions ☐ 52 total delays

Standard delays June 2021 to June 2023 are detailed in chart 2 below.

Chart 2: Standard Delays



In addition, at the June 2023 census there were 3 code 100 delays within Forth Valley, 2 for Falkirk Partnership.

The figures reported to the Scottish Government were 28 standard delays for Falkirk.

Of the 28 Standard Delays reported to Scottish Government in Falkirk:

- 19 awaiting move to care homes (14 patients are over two weeks and 5 under two weeks)
- 2 awaiting care packages for home (0 patient over two weeks and 2 under two weeks)
- 3 allocated and assessment commenced (2 patients over two weeks and 1 under two weeks)
- 4 awaiting housing/adaptions (3 patients over two weeks and 1 under two weeks)

Table 2: Bed Days Occupied by Delays Over and Under 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2wks	**Over 2wks**	**Total BDO**
Falkirk	75	678	753
Total FV	206	1334	1540

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the June 2023 census was 1540, as noted in table 2 above. This is a decrease from the June 2022 position of 2195. An average of 1911 bed days occupied was noted at the monthly census June 2022 to June 2023. Of note is that a further 499 bed days were occupied by people delayed in their discharge from outwith Forth Valley.

Falkirk Partnership position mirrors that of NHS Forth Valley. There was a decrease in the number of bed days occupied by delayed discharges from 1492 in June 2022 compared to 753 in June 2023. The average number of occupied bed days at the monthly census June 2022 to June 2023 was 1376.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position June 2021 to June 2023 detailed in chart 3 below.

Chart 4 highlights the position in relation to the number of Code 9 and Guardianship patients.

The overall position remains under continual review.

Chart 3: Occupied Bed Days

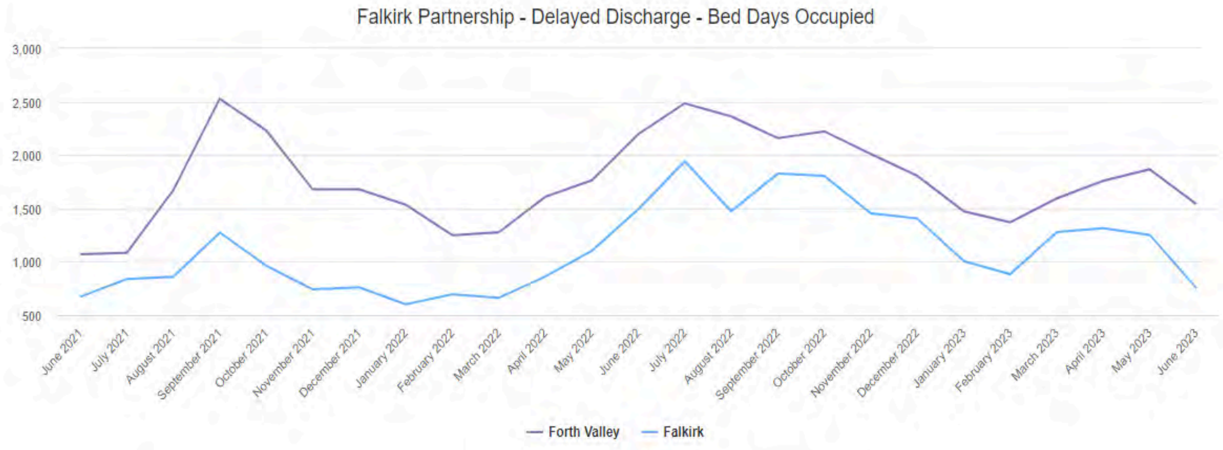
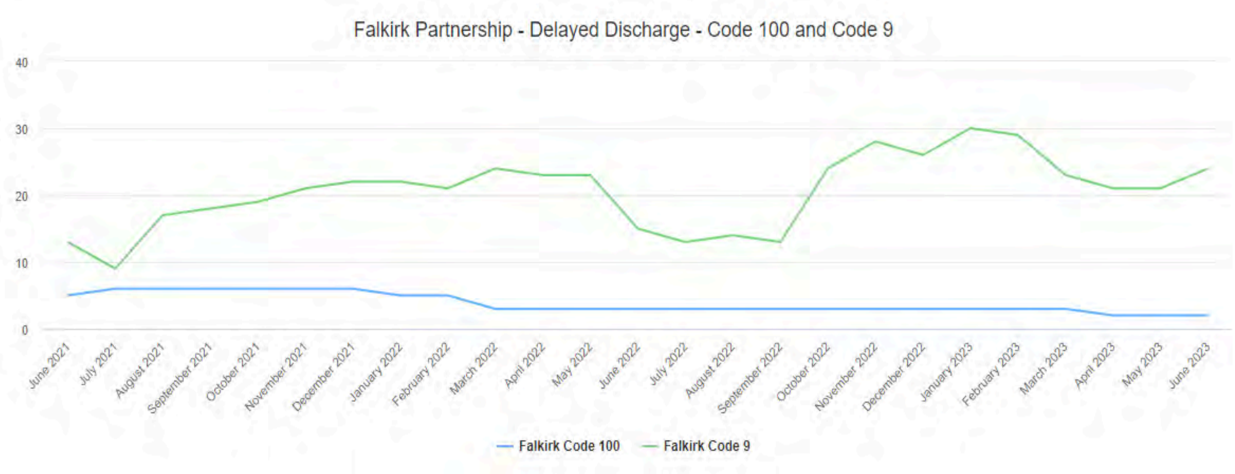


Chart 4: Code 100 and Code 9



Position

Significant focus continues in respect of the delayed discharge position to support capacity and flow of patients through Forth Valley Royal Hospital and the community sites. Work is continuing in partnership, including third sector, to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Actions included are enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site.

The Discharge Without Delay (DWD) Programme is led by Heads of Service in the two HSCPs and the AHP Manager in Acute services. This work is supported by the Unscheduled Care Programme Team and a DWD Delivery Group. The key priorities are embedding Planned Date of Discharge (PDD), the integrated discharge team and an AWI review.

3.3. Local Outcome: Experience – Complaints to Social Work Adult Services

Purpose

Monitoring and managing complaints are an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

Position

As a result of the low overall compliance rate (56%) in 20/21, a programme of management interventions and support was put in place which resulted in significant improvements through 21/22 and overall compliance rose to 74%. However, this subsequently declined in 22/23 to 67%, and further management focus and support was provided. Slight improvement has been made overall in quarter one of 2023/24 since further intervention was implemented.

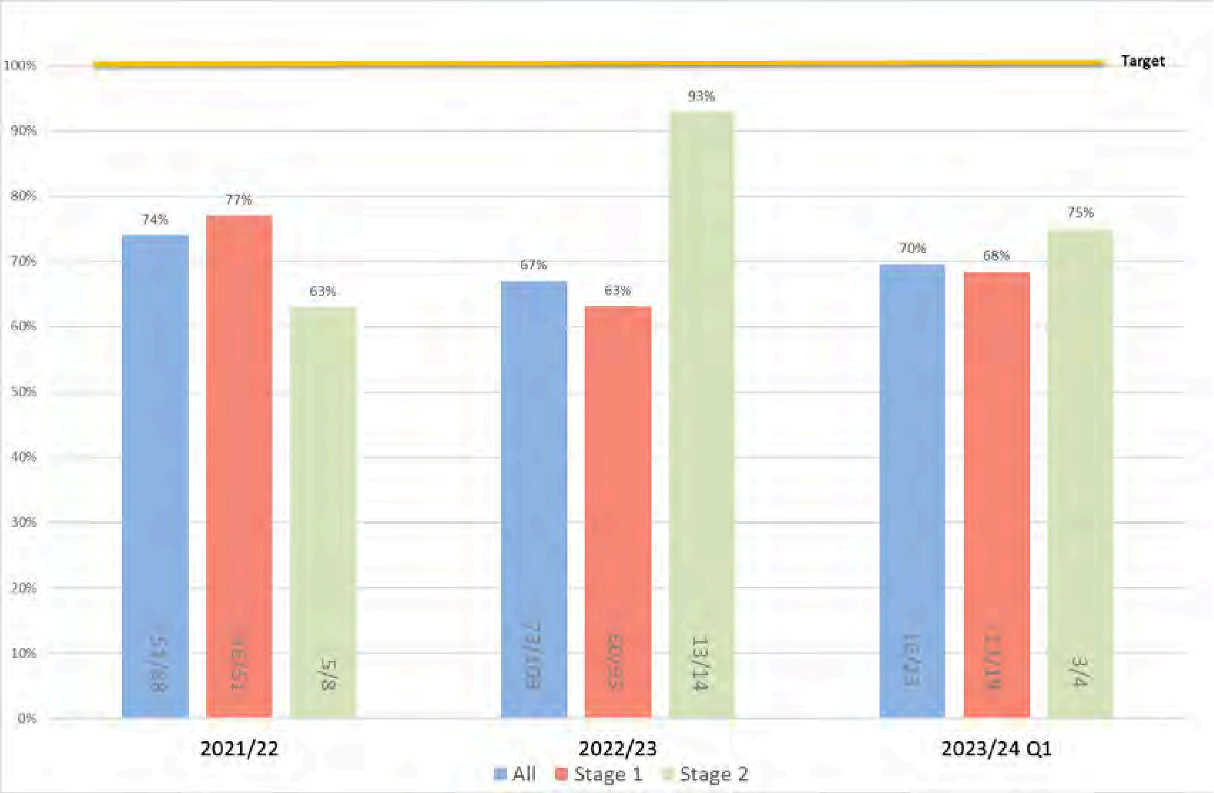
Feedback indicated that the decline in performance was largely the result of pressure on frontline manager workload – support is being provided to frontline managers, but workload pressures remain very challenging.

There were also 46% more overall complaints in 2022/23 (109), compared to 2021/22 (68). In quarter one of this year, we are already at 33.8% of the number of complaints received in 2021/22's, this indicates the number of complaints is not like to go back to 2021/22 amounts.

The number of stage 2 complaints completed within timescale had risen to 93% in 2022/23 and then dropped to 75% in quarter one of 2023/24, however this is still higher than in 2021/22.

Chart 5 shows the trend over the last three financial years.

Chart 5: Percentage of complaints completed within



Complaint outcomes

Chart 6 shows the outcomes of the complaints for the last 3 financial years. In April 2021, the Scottish Public Services Ombudsman (SPSO) introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded.

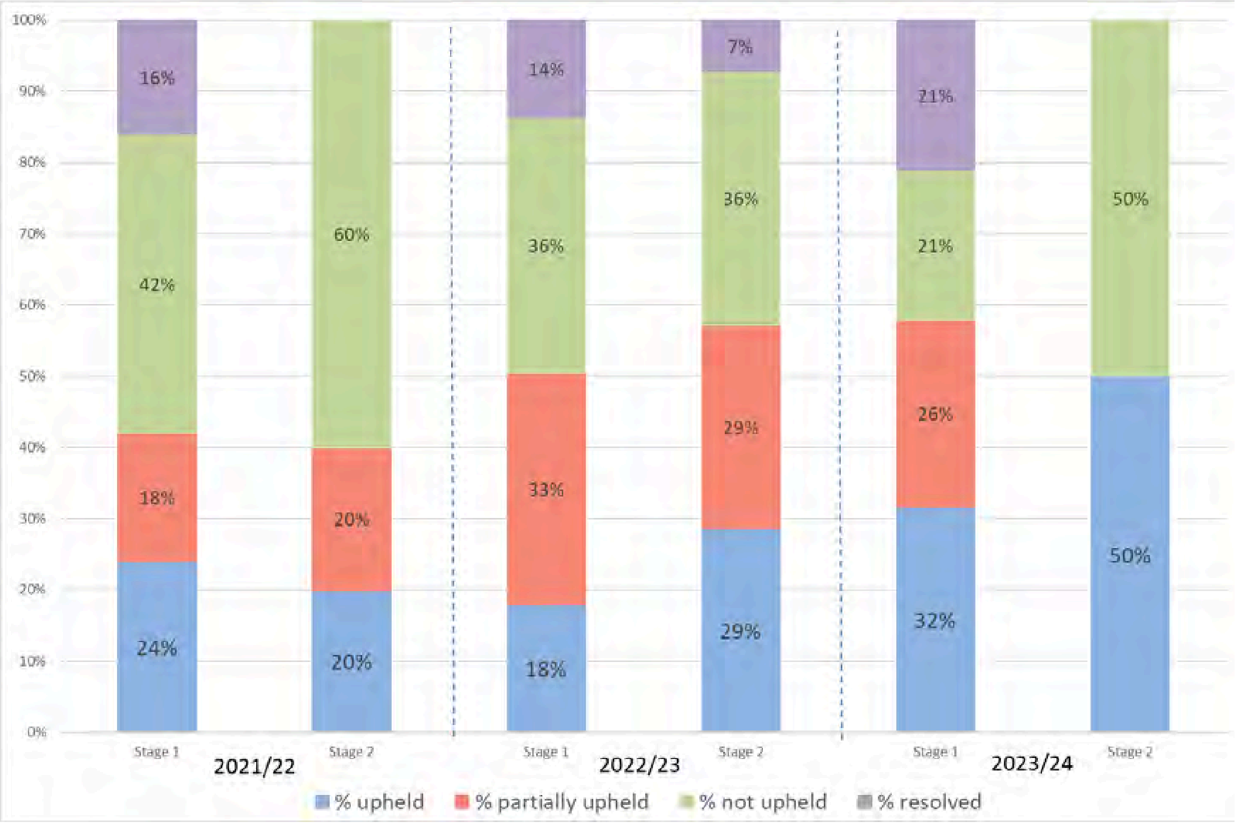
There were no stage 2 complaints completed as resolved in 2021/22 or quarter one of this year and only 7% in 2022/23. This could be due to the complexity of the complaint or the continued dissatisfaction of the complainant.

The percentage of complaints closed as resolved at stage one has increased in quarter one this year from 14% (2022/23) to 21% (2023/24 Q1).

The percentage of stage one complaints upheld has increased from 18% (2022/23) to 32% (2023/24 Q1) and the number not upheld has decreased since 2021/22 by around 10% each financial year.

The small number of yearly complaints and the individual nature of these may not be easily defined, making the results largely vary each quarter and year and makes it difficult to determine a trend.

Chart 6: Percentage Outcome of Social Work Complaints



Complaint Categories

Updates to the complaint categories within Falkirk Council's recording system were implemented in April 2022 to reflect the most common complaint themes identified by the SPSO.

The top 3 most selected categories for stage 1 Complaints, for quarter one of this financial year, in order of largest number are "Delay or perceived delay in providing a service" (7 Complaints), "Conduct, treatment, or attitude of a member of staff" (4 Complaints) and "Failure or refusal to provide a service" (3 Complaints).

For stage 2 complaints the following 3 were equally distributed "Conduct, treatment, or attitude of a member of staff or contractor" (1 Complaint), "Disagreement with a decision" (1 Complaint) and "Other complaint not covered by agreed themes/descriptors" (1 Complaint).

Although the number of complaints has risen since 2021/22, the number of complaints remain low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year. As a result of the low number of complaints, relatively small changes to those that meet/do not meet timescales or are upheld/partially upheld, can generate significant variations in performance percentages.

Monitoring of complaint performance will continue to be overseen by a senior manager and feedback on complaint performance will be highlighted to managers across service areas, as well as an individual basis where appropriate.

More detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

3.4. Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

During the reporting period April 2023 – June 2023, a total of 12 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall response rate for Stage 1 and Stage 2 is 41.7% (5/12); Stage 1, 100.0%; Stage 2, 22.2%.

- Three out of three complaints were responded to within 5 working days

  (Stage 1)

- Two out of nine complaints were responded to within 20 working days

  (Stage 2)

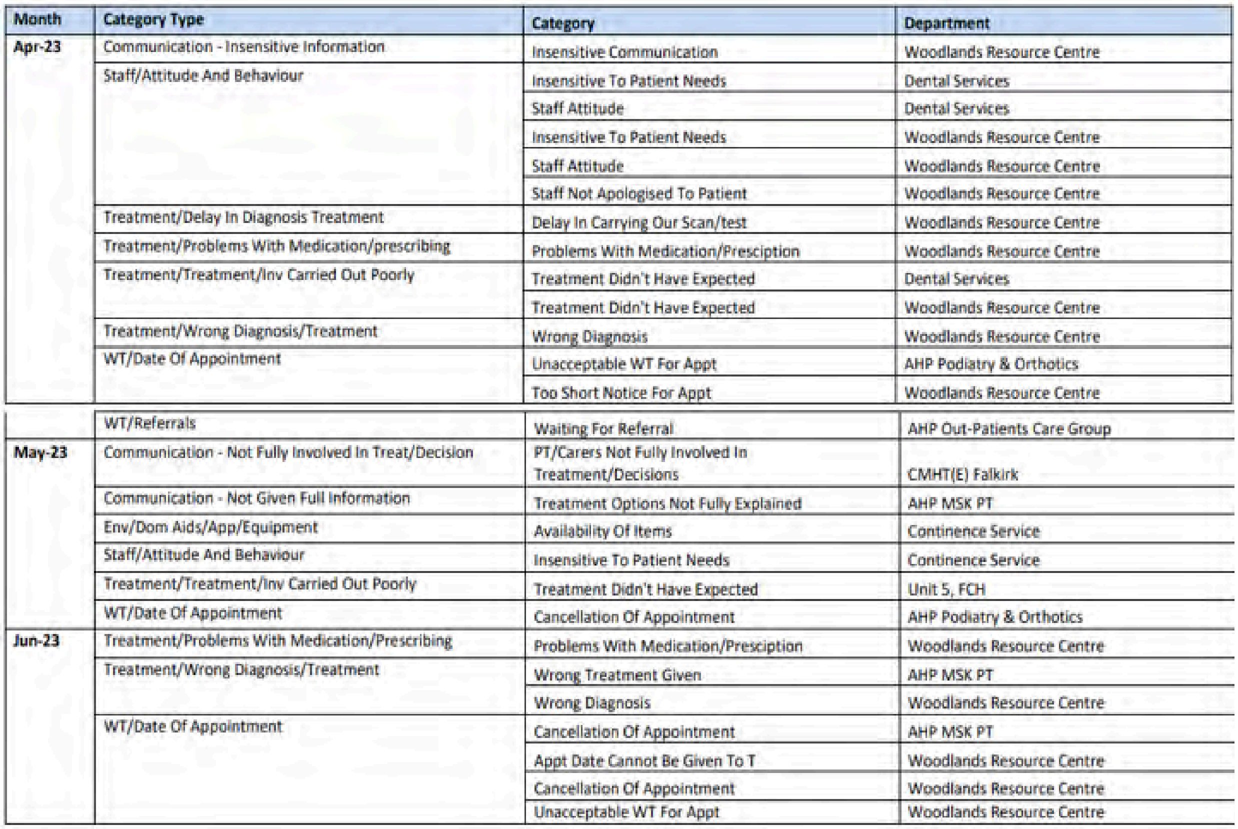
If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received no cases relating to Falkirk Health & Social Care Partnership complaints during April 2023 – June 2023.

It is worth noting that due to the low number of complaints, a single breach of the 20 day target will cause performance to drop significantly.

A breakdown of the complaint themes and departments is provided in table 3, detailing the number of issues raised against each theme. A complainant can raise multiple issues within their complaint and multiple departments can be included/impacted. The table provides detail of the issues raised by complainants and areas for the Directorates to focus any key learning or improvements that require to be made to services provided.

Table 3: Complaint Type and Category



Month	Category Type	Category	Department
Apr-23	Communication - Insensitive Information	Insensitive Communication	Woodlands Resource Centre
	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Dental Services
		Staff Attitude	Dental Services
		Insensitive To Patient Needs	Woodlands Resource Centre
		Staff Attitude	Woodlands Resource Centre
		Staff Not Apologised To Patient	Woodlands Resource Centre
	Treatment/Delay In Diagnosis Treatment	Delay In Carrying Our Scan/test	Woodlands Resource Centre
	Treatment/Problems With Medication/prescribing	Problems With Medication/Presciption	Woodlands Resource Centre
	Treatment/Treatment/Inv Carried Out Poorly	Treatment Didn't Have Expected	Dental Services
		Treatment Didn't Have Expected	Woodlands Resource Centre
	Treatment/Wrong Diagnosis/Treatment	Wrong Diagnosis	Woodlands Resource Centre
	WT/Date Of Appointment	Unacceptable WT For Appt	AHP Podiatry & Orthotics
		Too Short Notice For Appt	Woodlands Resource Centre
	WT/Referrals	Waiting For Referral	AHP Out-Patients Care Group
May-23	Communication - Not Fully Involved In Treat/Decision	PT/Carers Not Fully Involved In Treatment/Decisions	CMHT(E) Falkirk
	Communication - Not Given Full Information	Treatment Options Not Fully Explained	AHP MSK PT
	Env/Dom Aids/App/Equipment	Availability Of Items	Continence Service
	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Continence Service
	Treatment/Treatment/Inv Carried Out Poorly	Treatment Didn't Have Expected	Unit 5, FCH
	WT/Date Of Appointment	Cancellation Of Appointment	AHP Podiatry & Orthotics
Jun-23	Treatment/Problems With Medication/Prescribing	Problems With Medication/Presciption	Woodlands Resource Centre
	Treatment/Wrong Diagnosis/Treatment	Wrong Treatment Given	AHP MSK PT
		Wrong Diagnosis	Woodlands Resource Centre
	WT/Date Of Appointment	Cancellation Of Appointment	AHP MSK PT
		Appt Date Cannot Be Given To T	Woodlands Resource Centre
		Cancellation Of Appointment	Woodlands Resource Centre
		Unacceptable WT For Appt	Woodlands Resource Centre

In total there are approximately 8 departments listed against the delegated functions. During the period April 2023 – June 2023, 8 departments received complaints.

Position

- Table 3 details the category of complaint raised enabling Directorates to focus any key learning required or improvements to be made to the services provided.

- During the period April 2023 – June 2023, 10 complaints out of the 12 complaints received by Falkirk H&SCP were not upheld.

- Learning needs continue to be identified in relation to upheld complaints with appropriate support in place.

- To support staff with local resolution, NHS Forth Valley continues to raise awareness of Care Opinion, an on-line, independent website which enables patients, families and carers to leave feedback about their healthcare experience.

- A comprehensive complaints performance report is examined and discussed at the Falkirk IJB Clinical and Care Governance Committee and NHS Forth Valley Clinical Governance Committee.

3.5. Local Outcome: Experience – Attendance Management in Social Work Adult

Services

Purpose

The management of sickness absence and the improvement of staff wellbeing is an important management priority. A target of 5.5% has been set for Social Work Adult Services. This is in recognition that the service includes Home Care and

Residential Care services which are recognised nationally as physically demanding and stressful occupations.

4.

Position

The overall sickness absence figure for the first quarter of 2023/24 was 10.6%, compared to 11.7% for the same period in the previous year, a decrease of 1.1 percentage points. Further, there was a steady reduction within the quarter from 11.7% in March to 9.8% in June 2023.

Chart 7: Sickness Absence in Social Work Adult Services since 2021

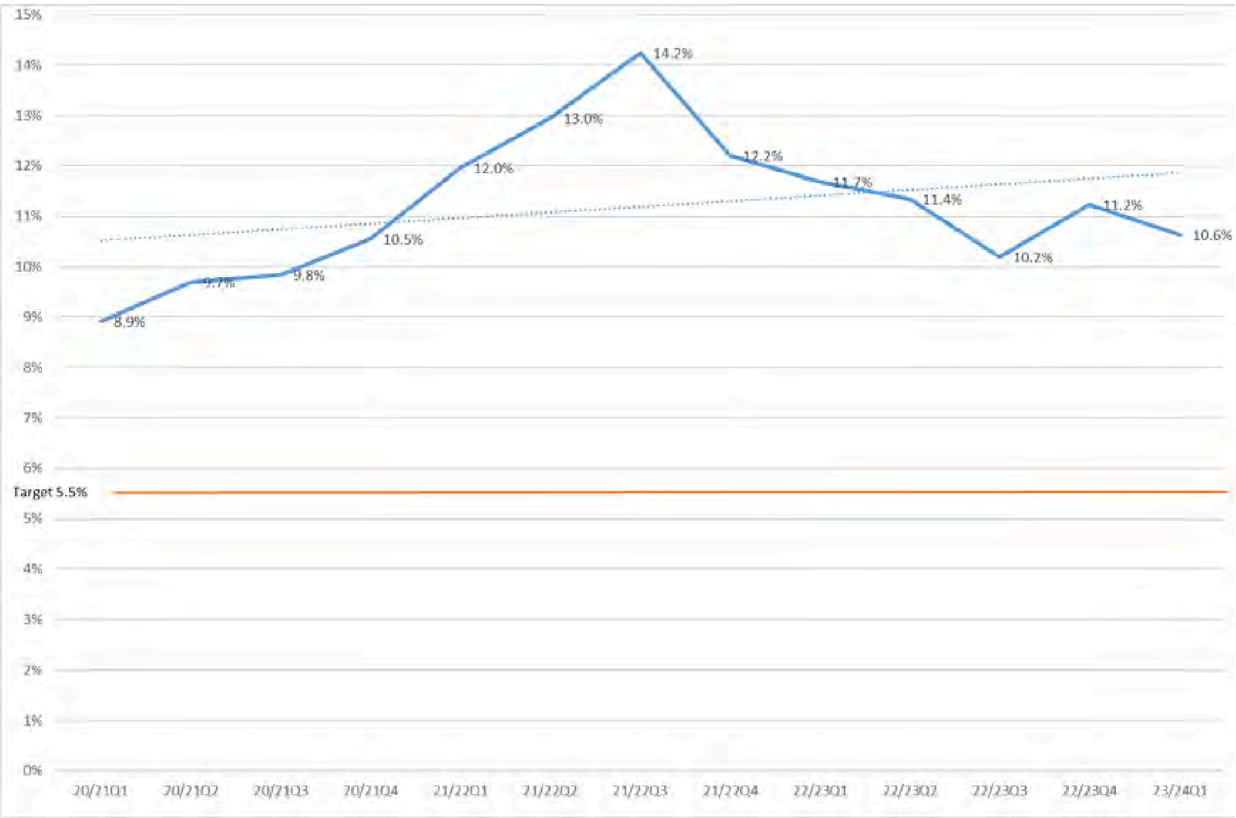


Chart 7 shows the trend by quarter over the last three years. Sickness levels rose through the Covid period to a high of 14.2% in 2021/22 Q3, however, the trend has been downward since this peak and closer to pre-pandemic levels, with a small spike of increase in the winter months of 2022/23 Q4 to 11.2%.

5.

6.

Whilst the downward trend has been promising this remains well in excess of the long-term target of 5.5%. Management will continue to monitor this closely and use the analysis to inform actions accordingly.

7.

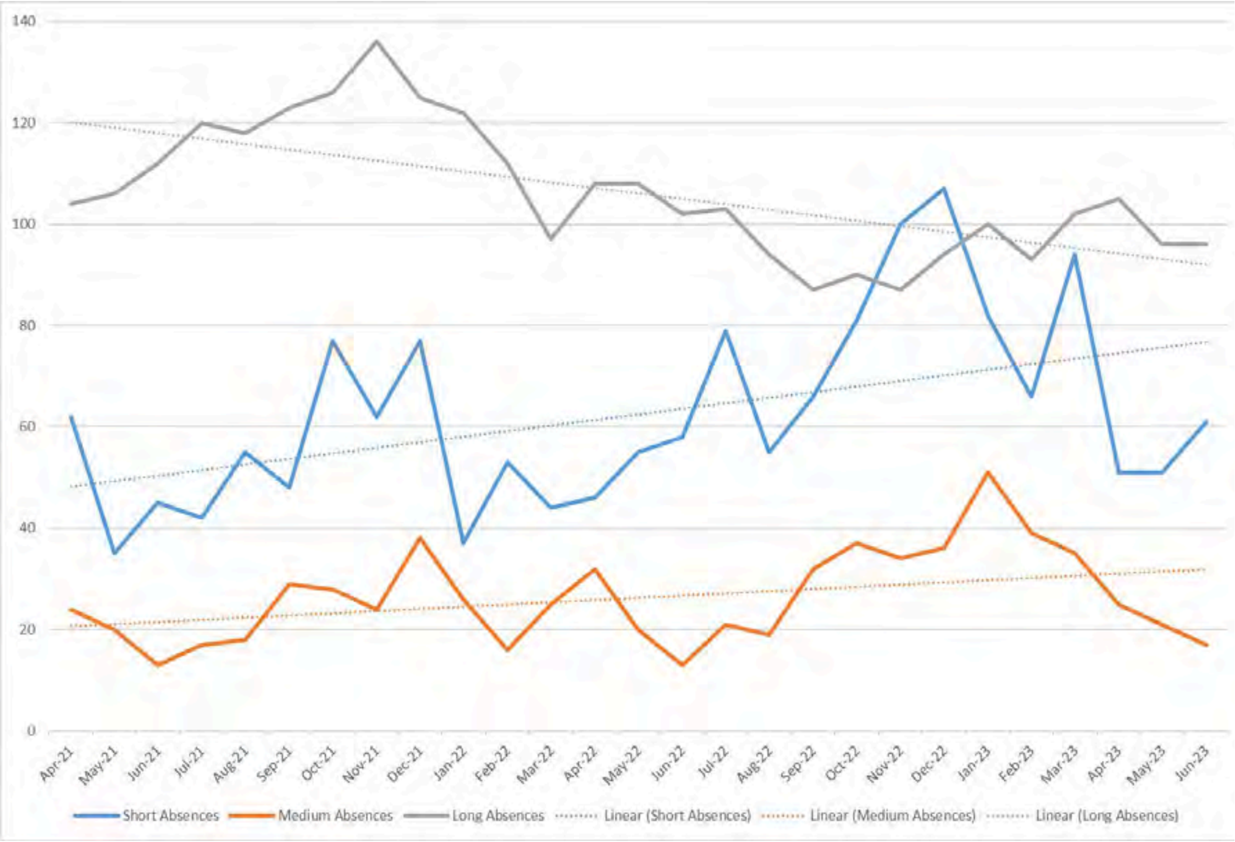
8.

Sickness by length of absence since the beginning of 2021/22 are shown in Chart

8. The figures show encouraging signs over the last 2 years with long absences falling significantly since November 2021, having grown significantly through Covid. Short absences usually drop in the summer months and this is the case in the first quarter of 2023/24. It should be noted that the use of notional end dates (end of current calendar month) in the absence recording system mean that relatively little absence falls into the medium category and this can artificially inflate the long absence category.

9.

Chart 8: Sickness by Length of Absence in Social Work Adult Services since 2021



10.

11.
The benchmarking possibilities of this indicator against social work services in

other partnerships across Scotland continue to be scoped. We need to ensure that measures are comparable and it remains the case that there is not consistency across Health & Social Care Partnerships in defining and reporting on absence measures. However, we will continue to explore potential analyses to inform our comparative position.

3.6. Local Outcome: Experience – Attendance Management in NHS Forth Valley

Target

To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

Performance

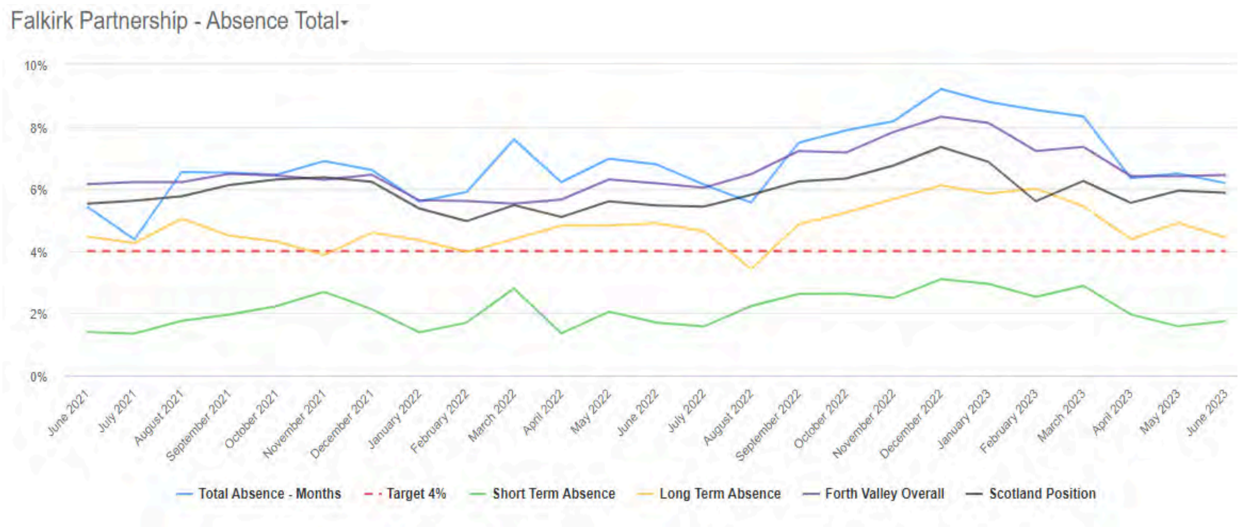
Absence remains above the target at 6.44% in June 2023, which is a slight deterioration from the May 2023 position of 6.40% and from 6.18% in June 2022. The 12 month rolling average July 2023 to June 2023 is noted as, NHS Forth Valley 7.40%; Scotland 6.32%.

From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. The Special Leave absence for Coronavirus reasons is noted as 0.18% in June 2023. This is a decrease from 0.26% in May 2023.

Total absence for June 2023 is 6.62%, a slight improvement from a total of 6.66% in May 2023.

Chart 9 highlights the sickness absence position, excluding COVID-19 absence reasons, from June 2021 to June 2023.

Chart 9: NHS Forth Valley Sickness Absence



Position

Anxiety/stress/depression/other psychiatric illnesses is consistently the most reported reason for sickness absence. The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley with a multidisciplinary improvement programme is on-going.

Issues in relation to workforce continue to be examined and discussed at the quarterly Staff Governance Committee.

3.7. Local Outcome: Experience – Psychological therapies

Target

90% of patients should start treatment within 18 weeks of referral to Psychological Therapies (18 week Referral to Treatment).

Position

In June 2023, 74.9% (260/347) of patients started treatment within 18 weeks of referral. This is an improvement in performance from the previous month position of 72.7% and from 64.3% in June 2022 noting the RTT performance has been above 70% for 4 consecutive months for the first time outwith the Covid period.

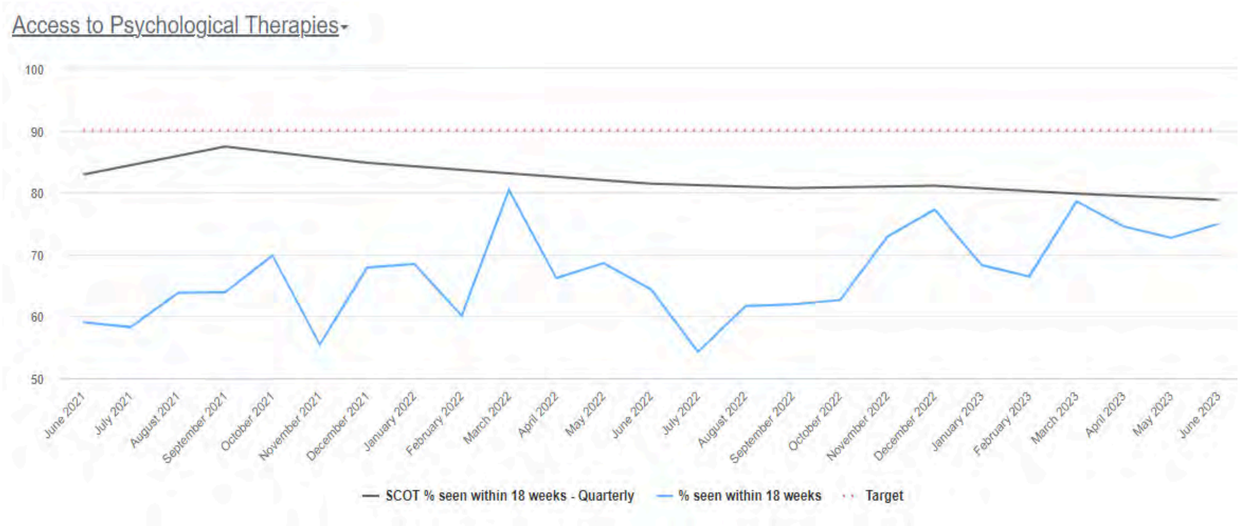
The Scotland position for the quarter ending June 2023 was 78.8% with Forth Valley 74%.

Good progress has been made in terms of reducing both the total number of people awaiting initial assessment, and the number of people waiting a very long time for initial assessment. In June 2022, 224 people had been waiting over a year for initial assessment. Currently 4 people are waiting over a year for assessment (down from 7 at the end of April). In May 1631 people were waiting for treatment (down from 1677 in April). Of those, 366 had been waiting over 52 weeks (down from 381 in April).

RTT performance is based on the number of patients starting treatment. However, this data set is comprised of both new and return patients, as patients do not always begin treatment at their first appointment. In order to better understand our activity data, and ensure we have the correct balance between assessment and treatment appointments, we have analysed this from January 2022. For most months, the number of new patients seen is greater than the number starting treatment (as you would expect due to assessment only appointments). The number starting treatment has increased over time. With the redesign of Adult Psychological Therapies and the introduction of triage appointments in May 2022 there was an initial reduction in capacity for new treatment appointments however this has now recovered to pre-triage levels.

There is considerable development within Psychological Services, with a focus on staff wellbeing to aid both retention of existing staff and recruitment of new staff. In addition, recent data improvements include the availability of clinician level activity data and the testing of a local system to record and report clinical outcomes. Quality improvement work is progressing well.

Chart 10: Access to Psychological Therapies



Appendix 1 Falkirk Integration Joint Board Strategy Map

Vision “to enable people in Falkirk HSCP to live full and positive lives within supportive and inclusive communities”

Local Outcomes Self Management Safe Experience Strong Sustainable Communities

National 1) Healthier living **7)** People are safe **3)** Positive experience and outcomes **2)** Independent living **Outcomes (9)**

4) Quality of Life **8)** Engaged work force **6)** Carers are supported

5) Reduce Inequalities **9)** Resources are used effectively

National Indicators 1) % of adults able to look after their **9)** % of adults supported at home who felt safe **3)** % of adults who agree that they had a say in **2)** % of adults supported at home who agree **(23)** health well/quite well how their help/care was provided they are supported to be independent

13) Emergency bed day rate for adults

7) % of adults who agree support has **4)** % of adults supported at home who agree **8)** % of carers who feel supported in their

impacted on improving/maintaining quality **14** Readmission to hospital within 28 days rate their health and care services are co- role of life ordinated

16) Falls rate per 1000 population 65+yrs **15)** % of last 6 months of life spent at home or

11) Premature mortality rate **5)** % of adults receiving care and support rated in community

as excellent or
good

12) Rate of Emergency admissions for adults **18)** % of adults 18+ years receiving

6) % of people with positive GP experiences intensive support at home

17) % of care services graded ‘good’ (4) or

better by Care Inspectorate **10)** % of staff who recommend their place of **21)** * % of people admitted to hospital from work as goodhome then discharged to care home

19) Rate of days people aged 75+ spend in

hospital when they are ready to be

discharged

20) % of total health and care spend on hospital

stays where the patient admitted as an

emergency

22) % people discharged from hospital within 72

hours of being
ready

23) Expenditure on end of life care

MSG Indicators **a**. Number of A&E attendances and the **c.** Number of unscheduled hospital bed days, with **d.** Number of delayed discharge bed days **e.** Percentage of last six months of life spent

number of patients seen within 4 hours separate objectives for Acute, Geriatric Long in the community

Stay and Mental Health specialties

b. Number of emergency admissions into **f.** Percentage of population residing in

Acute specialtiesnon-hospital setting for all adults and

people aged 75+

Partnership Indicators

Self Management **eq** **Safe** **eq** **Experience** **eq** **Strong Sustainable Communities** **eq** **Fr** **Fr** **FrFr**

24 Emergency department 4 hour wait NHSFV **M 42** Readmission rate within 28 days per 1000 FV **M 54** Standard delayed discharges **M 70** The total respite weeks provided to older **Y** population people aged 65+. Annual Indicator

25 Emergency department 4 hour wait Falkirk **M 43** Readmission rate within 28 days per 1000 Falkirk **M 55** Delayed discharges over 2 weeks **M 71** The total respite weeks provided to older **Y** population people aged 18-64. Annual

26 Emergency department attendance per **M 44** Readmission rate within 28 days per 1000 Falkirk **M 56** Bed days occupied by delayed discharges **M 72** Number of people aged 65+ receiving **Q** 100,000 FV Population population 75+ homecare

27 Emergency department attendances per **M 45** Number of Adult Protection (AP) Referrals (data **Q 57** Number of Code 9 delays **M 73** Number of homecare hours for people aged **Q** 100,000 Falkirk only) 65+

28 Emergency admission rate per 100,000 **M 46** Number of Adult Protection Investigations (data **Q 58** Number of Code 100 delays **M 74** Rate if homecare hours per 1000 population **Q** FV population only) 65+

29 Emergency admission rate per 100,000 **M 47** Number of Adult Protection Support Plans (data **Q 59** Delays – including Code 9 and Guardianship **M 75** Number receiving 10+ hours of homecare Falkirk population only)

30 Acute emergency bed days per 1000 FV **M 48** The total number of people with community **Q 60** Percentage of service users satisfied with their Number & percentage of Home Care service **Q 76** population alarms at the end of the period involvement in the design of their care package users aged 65+ receiving personal care

31 Acute emergency bed days per 1000 Falkirk **M 49** Percentage of community care service users **Q 61** Percentage of services users satisfied with Number & percentage of Home Care service **76** population feeling safe opportunities for social interaction users aged 18-64 receiving personal care

32 Number of patients with an Anticipatory **M 50** Number of new Telecare service users 65+ **Q 62** Percentage of carers satisfied with their Number of new Telecare service users 65+

Care Plan in FV involvement in the design of their care package **77**

33 Number of patients with an Anticipatory **M 51** Rate per 1,000 Acute Occupied Bed Days **M 63** Percentage of carers who feel supported and The number of people who had a

Care Plan in Falkirk attributed to Staphylococcus Aureus capable to continue in their role as a carer OR community care assessment or review **82**

Bacteraemia's (SABs) feel able to continue with additional support completed

34 Key Information Summary (KIS) as a **M 52** Rate per 1,000 Bed Days attributed to Device **M 64** The proportion of SWAS (Stage 1 & 2) Number of Adult Carer Support Plans that

percentage of the Board area list size FV Associated Infections complaints completed within 20 days have been completed by the Carers Centre **83**

35 Key Information Summary (KIS) as a **M 53** Rate per 1,000 Bed Days in the 65+ age group **M 64** The proportion of SWAS (stage 1&2) complaints The number of overdue 'OT' pending

percentage of the Board area list size attributed to Clostridium Difficile completed within timescales **84** assessments at end of the period Falkirk

36 Long term conditions - bed days per **M 64c** The proportion of SWAS (completed stage 1 & Proportion of last 6 months of life spent at

100,000 population **85** 2) complaints upheld home or community setting

37 SDS Option 1: Direct payments (data only) **65** The number of complaints to NHS Forth Valley Number of days by setting during the last six **86** applicable to Falkirk IJB months of life: Community
38 SDS Option 2: Directing the available **65** The percentage of complaints responded to

resource (data only) within 20 days

39 SDS Option 3: Local Authority arranged **65** The number of SPSO cases received

(data only)

40 SDS Option 4: Mix of options, 1,2,3 (data **66** Medical Absence in SWAS (target -5.5%)

only)

66 Attendance Management – SWAS (target –

5.5%)

66 Attendance Management – NHS Forth Valley

(target 4%)

67 Delivery of Alcohol Brief Interventions **Q** **68** Percentage of patients that commence **Q**

treatment for substance misuse within 3 weeks

of referral – Alcohol & Drug Partnership (ADP)

68 Percentage of patients that commence **Q**

treatment for substance misuse within 3 weeks

of referral - Prison

69 Access to Psychological Therapies (18 week **M**

referral to treatment
– 90% target)

Local Indicators no longer needed / superseded

Self Management **eq** **Safe** **eq** **Experience** **eq** **Strong Sustainable Communities** **eq** **Fr** **Fr** **FrFr**

41 No recorded SDS option **78** The proportion of Home Care service users

aged 65+ receiving a service during

evening/overnight

79 The proportion of Home Care service users

aged 65+ receiving a service at weekends

80 Percentage of Rehab At Home service users

who attained independence after 6 weeks

(target – 80%)

81 Percentage of Crisis Care service users who

are retained in the community when service

ends (target - 70%)

Local Indicators Under Development

Self Management **eq** **Safe** **eq** **Experience** **eq** **Strong Sustainable Communities** **eq** **Fr Fr FrFr**

Alcohol related
deaths (per 100,000

population aged 19
and over)

Suicide Rate per
100,000 population

Appendix 2 GLOSSARY

Accident & Emergency (A&E) Services - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

Admission - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

Admission rate- the number of admissions attributed to a group or region divided by the number of people in that group (the population).

Anticipatory Care Plan (ACP)- The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

Attendance- The presence of a patient in an A&E service seeking medical attention.

Attendance rate - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).

COPD – Chronic Obstructive Pulmonary Disease.

Delayed Discharge -

Code 9- Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient’s safe, timely and appropriate discharge from hospital:

- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available.
- Patients for whom an interim move is not possible or reasonable.
- The patient lacks capacity, is going through a Guardianship process.

Code 100- Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care.

- Patients awaiting a ‘reprovisioning’ programme where there is a formal (funded) agreement between the relevant health and/or social work agencies.

- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

Emergency Department (ED) - The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.

4 hour wait standard - since 2007 the national standard for A&E waiting times is that

new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.

Frequent attenders - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.

HAI - Healthcare Acquired Infections.

MSG -Ministerial Strategic Group (Scottish Government).

Pentana-Performance Management eHealth system formerly referred to as Covalent.

RAG-Red, Amber or Green status of a measure against agreed target.

Readmission - admission to hospital within either 7 or 28 days of an index admission standardised by specialty.

SAS- Scottish Ambulance Service.

Scottish Index of Multiple Deprivation - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.

SPSO - The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities.

Unscheduled Care -is “NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

Variance Range-The percentage difference between data at 2 different points in time.

Appendix 3 Local Government Benchmarking Framework Briefing

LGBF Local Government Benchmarking Framework

Full data explorer is available at the link below: Explore the data | Benchmarking (improvementservice.org.uk)

Falkirk Performance 2021/22

The following briefing covers the recently released 2021/22 Adult social work indicators which form part of the overall Local Government Benchmarking Framework and were included in the recent overview publication. This briefing will look at each of the adult social work indicators in two ways: 1. Trend analysis compared to the national average 2. Latest year comparison with Scotland and comparable local authority peers

The indicators which are included in the LGBF Adult Social work section are as follows:

SW1 Home care costs per hour for people aged 65 or over

SW2 Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+

SW3a home % of people aged 65 and over with long-term care needs who receiving personal care at

% of adults supported at home who agree that their services and support had an impact in

SW4b

improving or maintaining their quality of life

Percentage of adults supported at home who agree that they are supported to live as

SW4c

independently as possible

Percentage of adults supported at home who agree that they had a say in how their help,

SW4d

care or support was provided

SW4e Percentage of carers who feel supported to continue in their caring role

SW5 Residential costs per week per resident for people aged 65 or over
SW6 Rate of readmission to hospital within 28 days per 1,000 discharges

SW7 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Number of days people spend in hospital when they are ready to be discharged, per 1,000

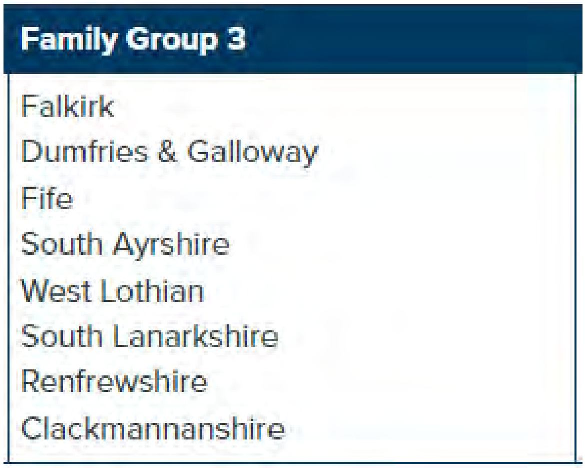
SW8

population (75+)

Note – while the LGBF 2020/21 data extract allows for both "Cash" (true figures not adjusted for inflation) and "Real" (adjusted for inflation) for all cost related indicators (SW1 and SW5) we have only used "Real" figures in this briefing so the following charts are adjusted for inflation.

Falkirk is in Family group 3 for the Improvement Services' LGBF Children, Social Work and Housing indicators. The comparator peers for Falkirk are those with a similar population in terms of relative deprivation and affluence.

The COVID pandemic which started in the beginning of 2020 will likely be a contributing factor in the observed increase and decrease of figures, therefore caution advised when interpreting many of the indicators.


Family Group 3

Falkirk
Dumfries & Galloway
Fife
South Ayrshire
West Lothian
South Lanarkshire
Renfrewshire
Clackmannanshire

Summary of Performance 2021/22

The table below provides a brief overview on how Falkirk compares to the Scotland average for the 2021/22 financial year indicators

£34.98 – Home care **3.07%**- Self Directed **66%** of people aged 65 costs per hour for people Support spend on adults and over with long-term aged 65 or over 18+ as a % of total social care needs who receiving *(SW1 – Scotland £28.71)* work spend on adults 18+ personal care at home

(SW2 – Scotland 8.20%)(SW3a – Scotland 61.9%)

70.4% - 63.9% - % of adults % of adults **70.6% -** % of adults supported at home who

supported at home who supported at home who

agree that their

services agree that they had a say agree that they are

and support had an in how their help, care or supported to live as

impact in improving or

support was provided independently as possible maintaining their quality of

(SW4d – Scotland 70.6%) (SW4c – Scotland 78.8%)

life *(SW4b – Scotland 78.1%)*

28.6%- % of carers who **£616.99**- Residential **146.2** - Rate of feel supported to continue costs per week per readmission to hospital

in their caring role resident for people aged within 28 days per 1,000 *(SW4e – Scotland 29.7%)* 65 or over discharges

(SW5 – Scotland £649.00) (SW6 – Scotland 109.6)

81.2% 1091

Proportion of care Number of days people services graded 'good' (4) spend in hospital when or better in Care they are ready to be Inspectorate inspections discharged, per 1,000 *(SW7 – Scotland 75.8%)* population (75+)

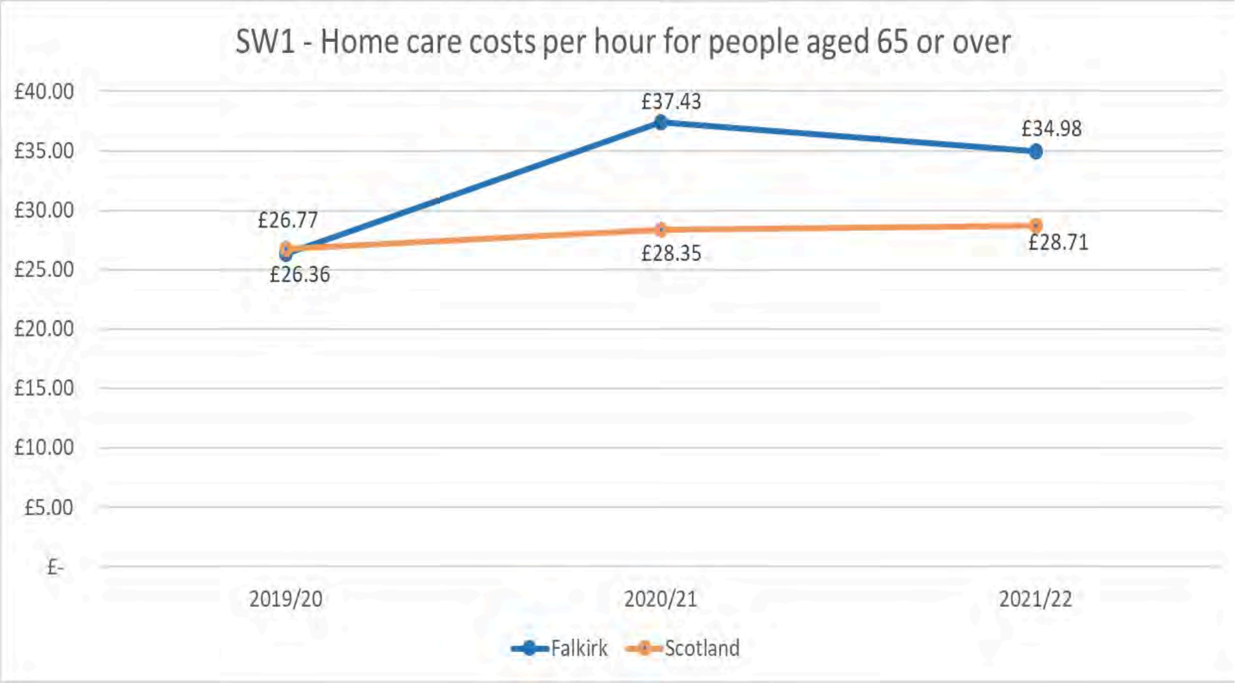
(SW8 – Scotland 748)

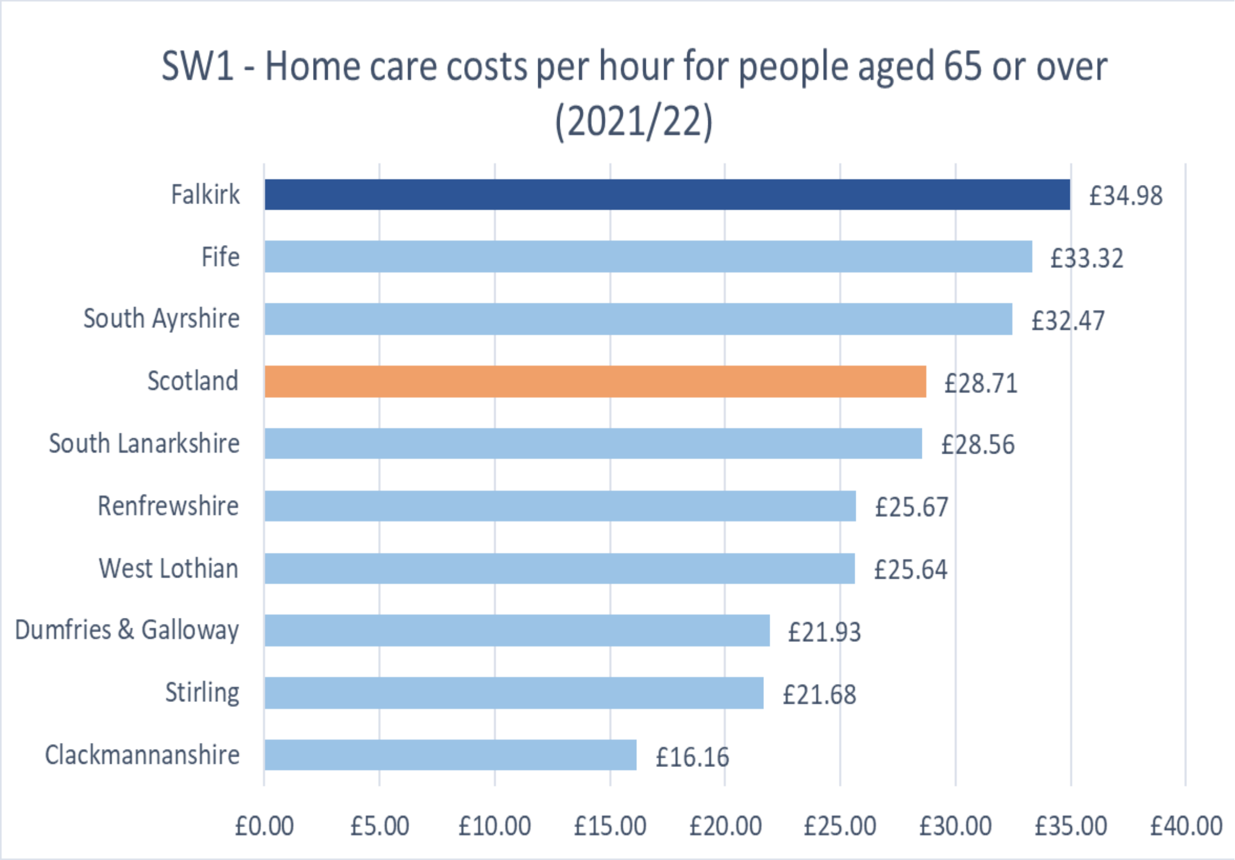
Performs better than Scotland average (>2% points better) Similar to Scotland average (within 2%)

Does not perform well compared to Scotland average (not within 2% points)

SW1 - Home care costs per hour for people aged 65 or over

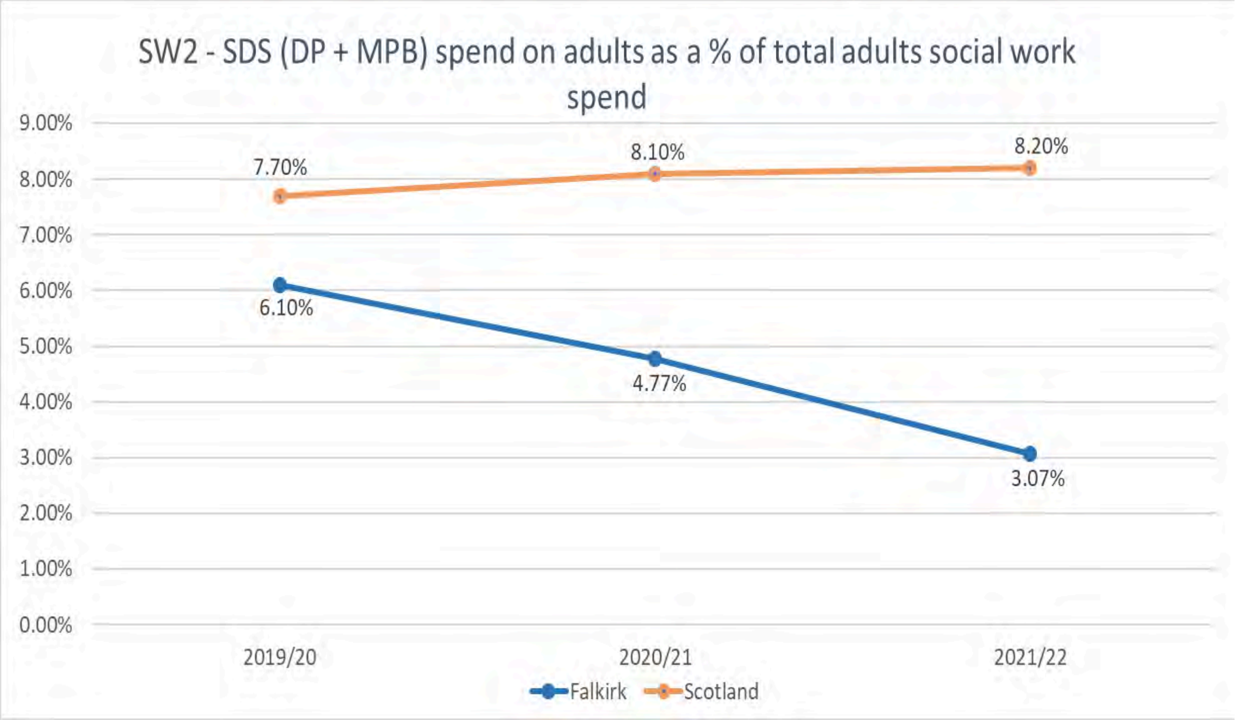
Falkirk’s costs have risen to higher than the national average increasing to almost £10 more in 2020/21, dropping only slightly in 2021/22. Falkirk is also highest within its peer group, at £18.82 higher than Clackmannanshire (lowest cost), and £1.66 higher than Fife (2nd highest). Falkirk had been considerably lower than the national average during 2013/14 to 2018/19 however has been increasing each year. Also, the costs have more than likely been affected by the arrival of the Covid pandemic in 2020.

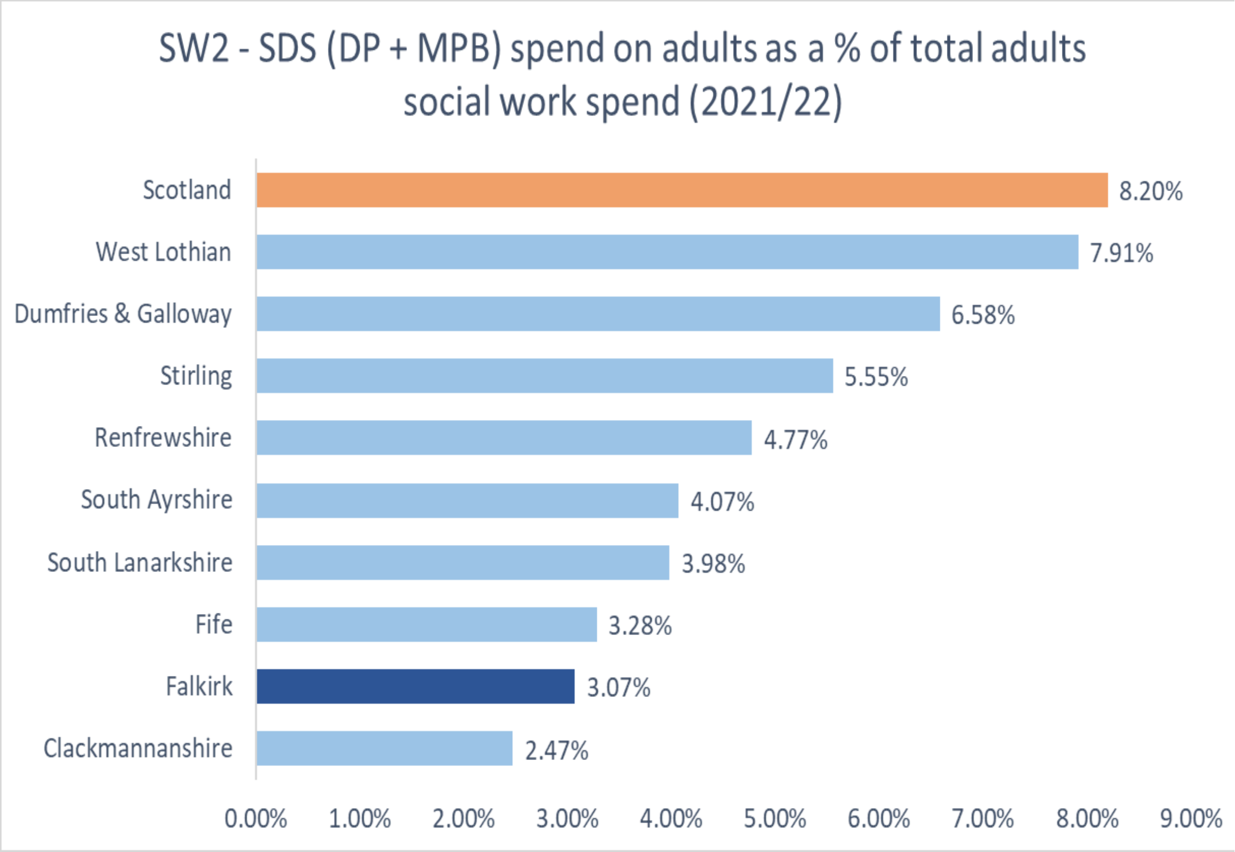




SW2 - Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+

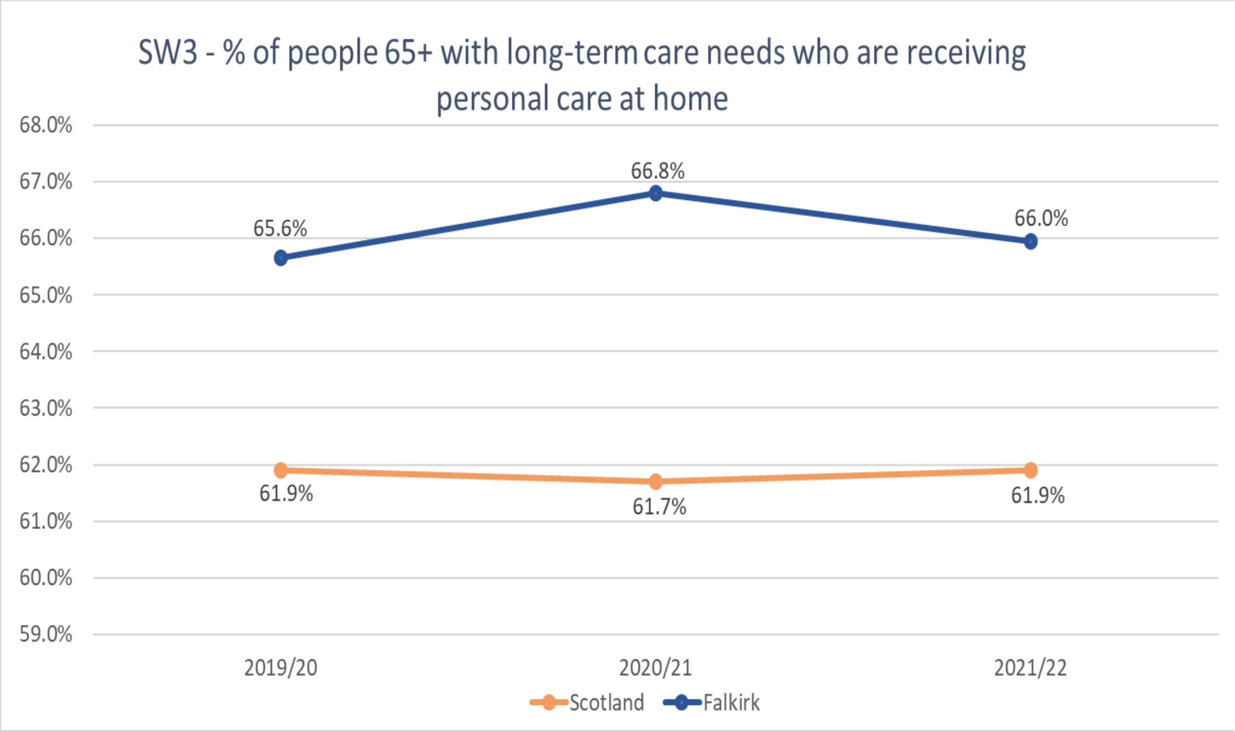
The percentage of Self Directed Support (SDS) Payments from the total social work spend on adults aged 18 plus for Falkirk has been lower than the national average for the last 3 years. This figure has decreased largely in the last 3 years and has halved since 2019/20 from 6.10% to 3.07%, while the national figure has slowly increased. Falkirk is also the second lowest in our peer group, highest being 8.20% (Scotland), lowest being 2.47% (Clackmannanshire).

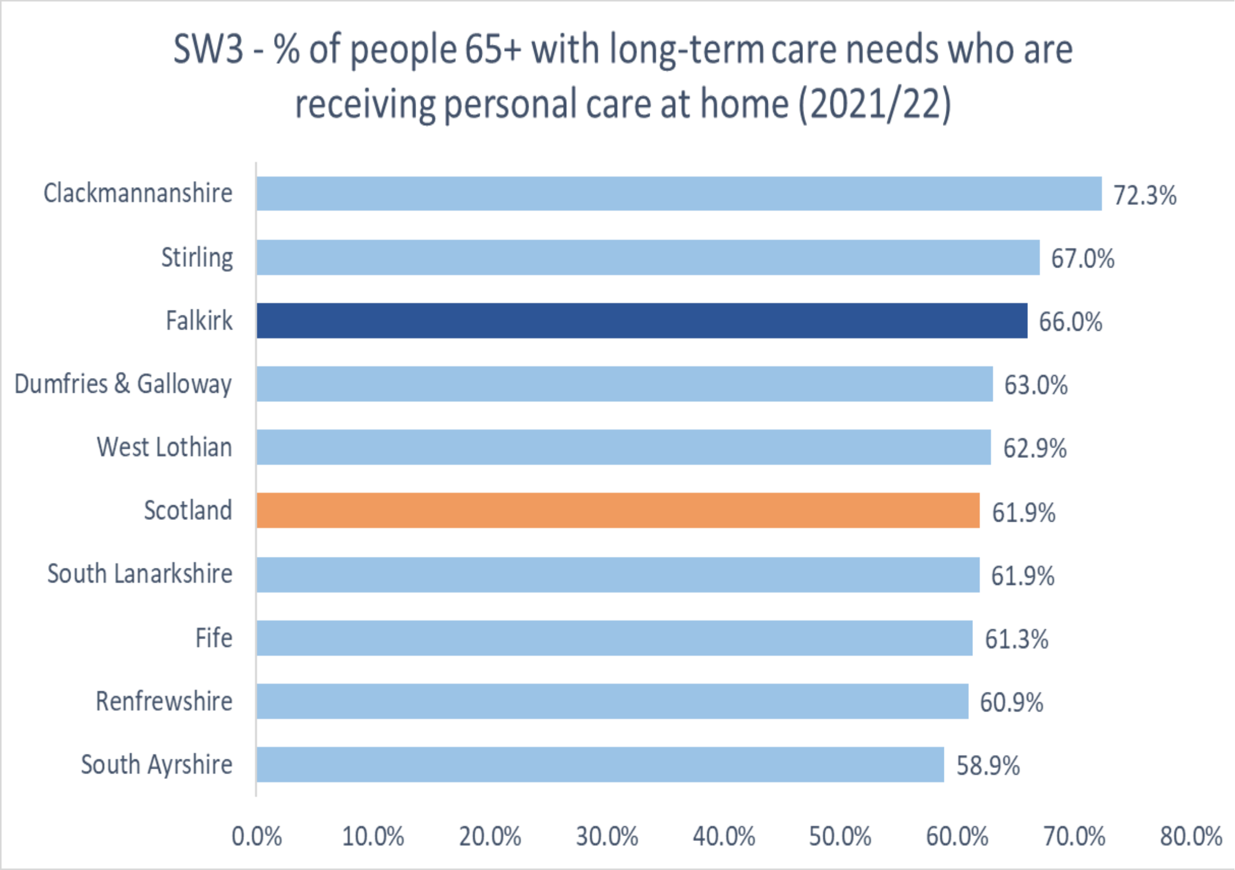

SW2 - SDS (DP + MPB) spend on adults as a % of total adults social work spend
9.00%
8.00%
7.00%
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
7.70%
8.10%
8.20%
6.10%
4.77%
3.07%
2019/20
2020/21
2021/22
Falkirk
Scotland



SW3a - % of people aged 65 and over with long-term care needs receiving personal care at home

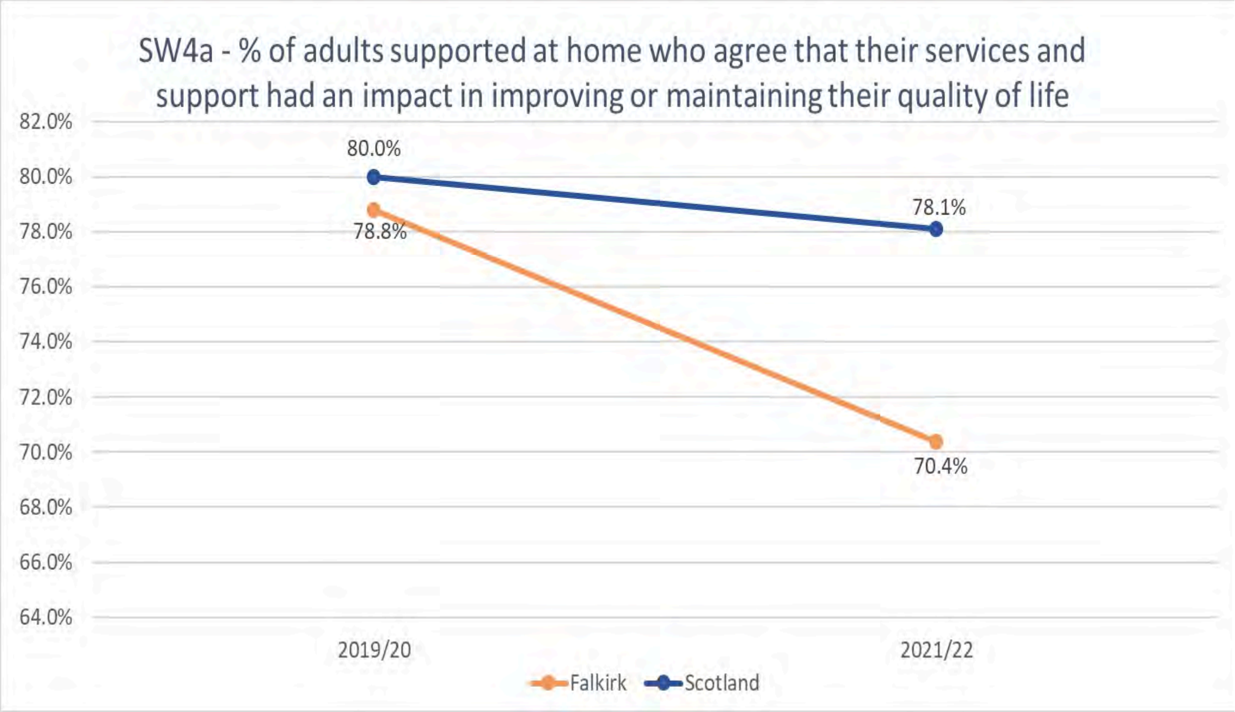
The percentage of people 65 and over with long-term care needs who are receiving personal care at home has remained consistent over the last few years averaging around 66%. Falkirk has continued to be around 5-7% higher than Scotland and in 2021/22 was in the top 3 in relation to its peers, with Clackmannanshire and Stirling being the highest.

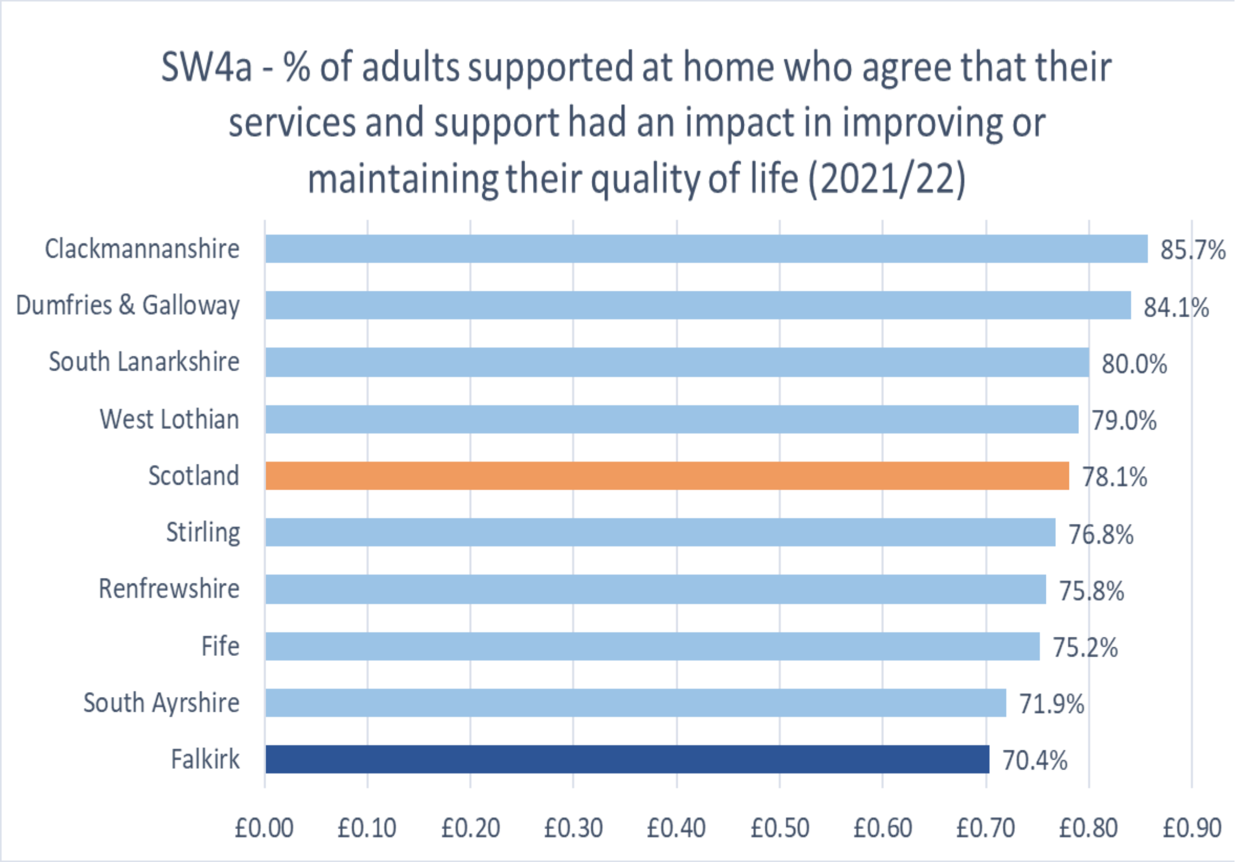

SW3 - % of people 65+ with long-term care needs who are receiving personal care at home
68.0%
67.0%
66.0%
65.0%
64.0%
63.0%
62.0%
61.0%
60.0%
59.0%
65.6%
66.8%
66.0%
61.9%
61.7%
61.9%
2019/20
2020/21
2021/22
Scotland
Falkirk



SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

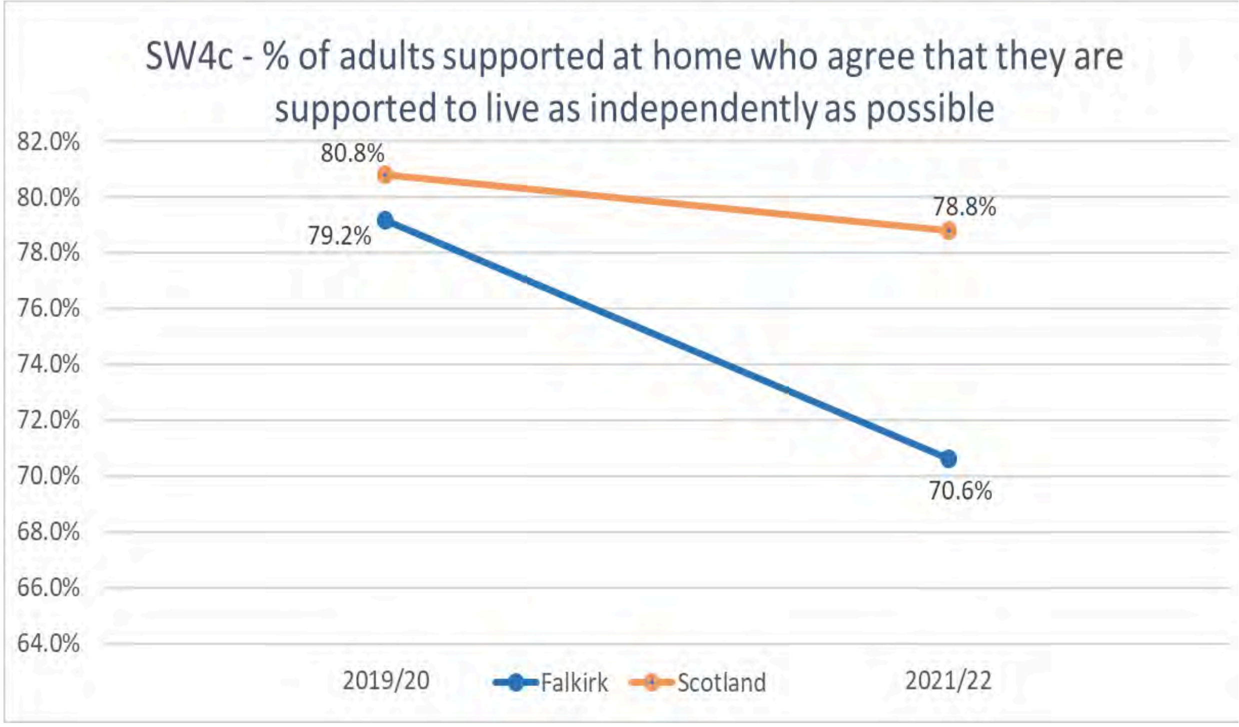
Indicators SW4 b, c and d are taken from the health and care experience survey which is carried out every 2 years. The survey is sample based and the size of sample for each question can vary significantly. More information on sample size can be found here. There has been a decrease of around 6-10% nationally in the last decade partly due to methodological changes to the survey. Comparison to earlier years should be undertaken with caution due to changes in method and definitions. Both Falkirk and Scotland's average have dropped again this year with Falkirk dropping further than national figure with a difference of around 8%. Falkirk is also lowest in the peer group.

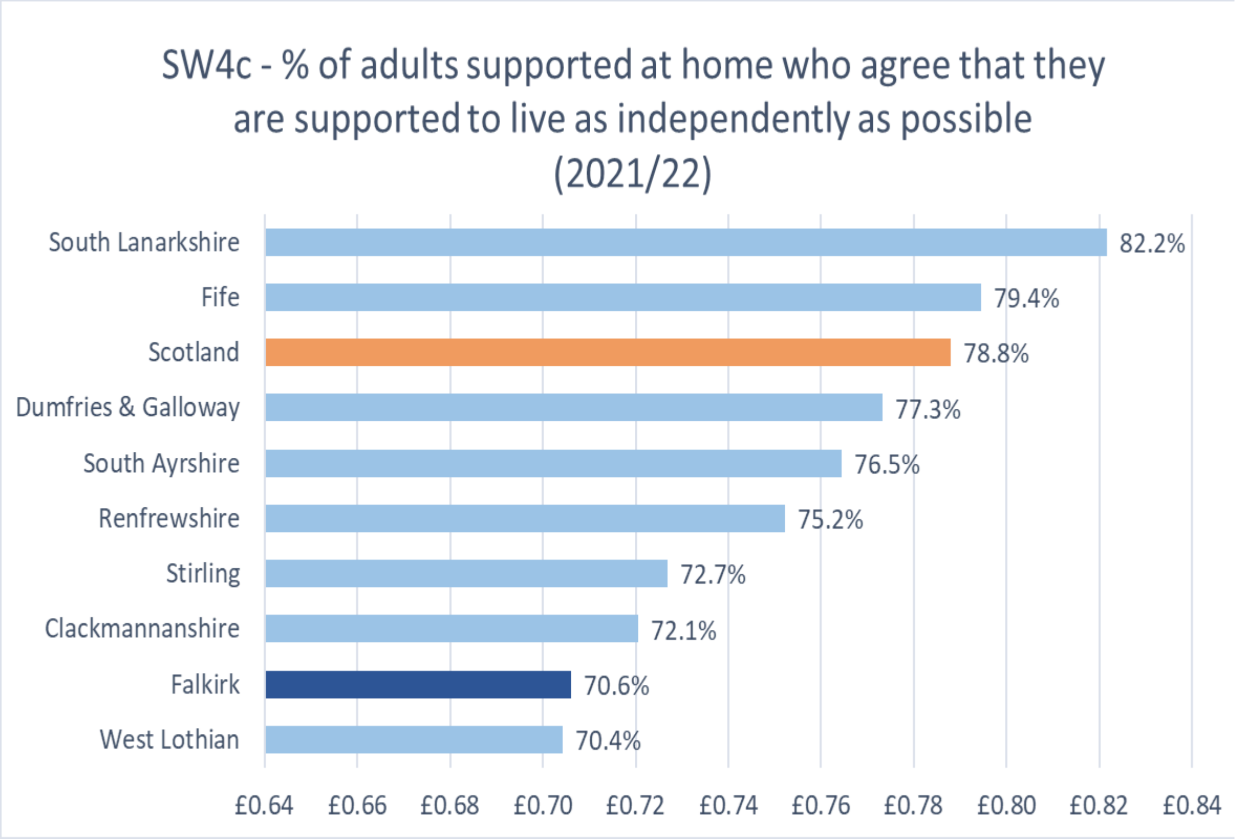

SW4a - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
70.0%
68.0%
66.0%
64.0%
80.0%
78.8%
78.1%
70.4%
2019/20
2021/22
Falkirk
Scotland



SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible

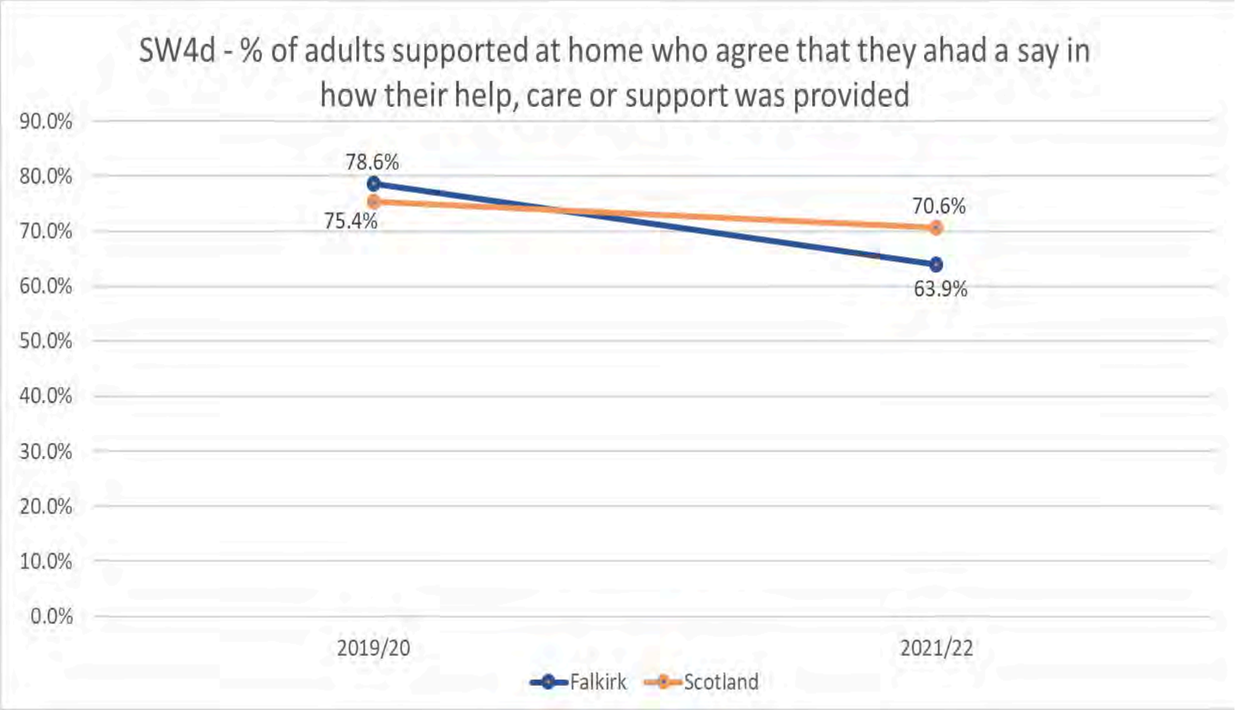
This indicator follows a similar trend to indicator SW4b above. It remains lower than the national figure and has dropped this year by around 9%. Falkirk is also 2nd bottom in its peers.

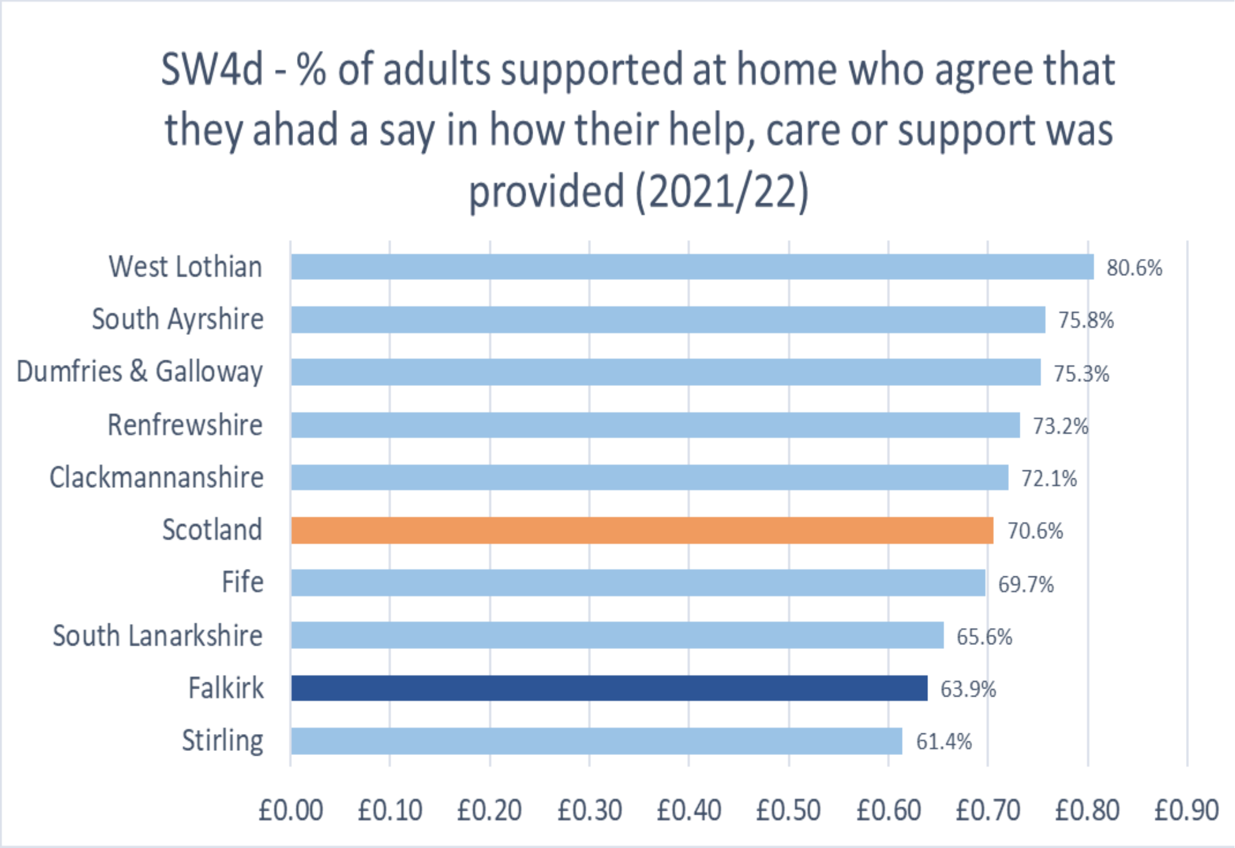

SW4c - % of adults supported at home who agree that they are supported to live as independently as possible
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
70.0%
68.0%
66.0%
64.0%
80.8%
79.2%
78.8%
70.6%
2019/20
2021/22
Falkirk
Scotland



SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

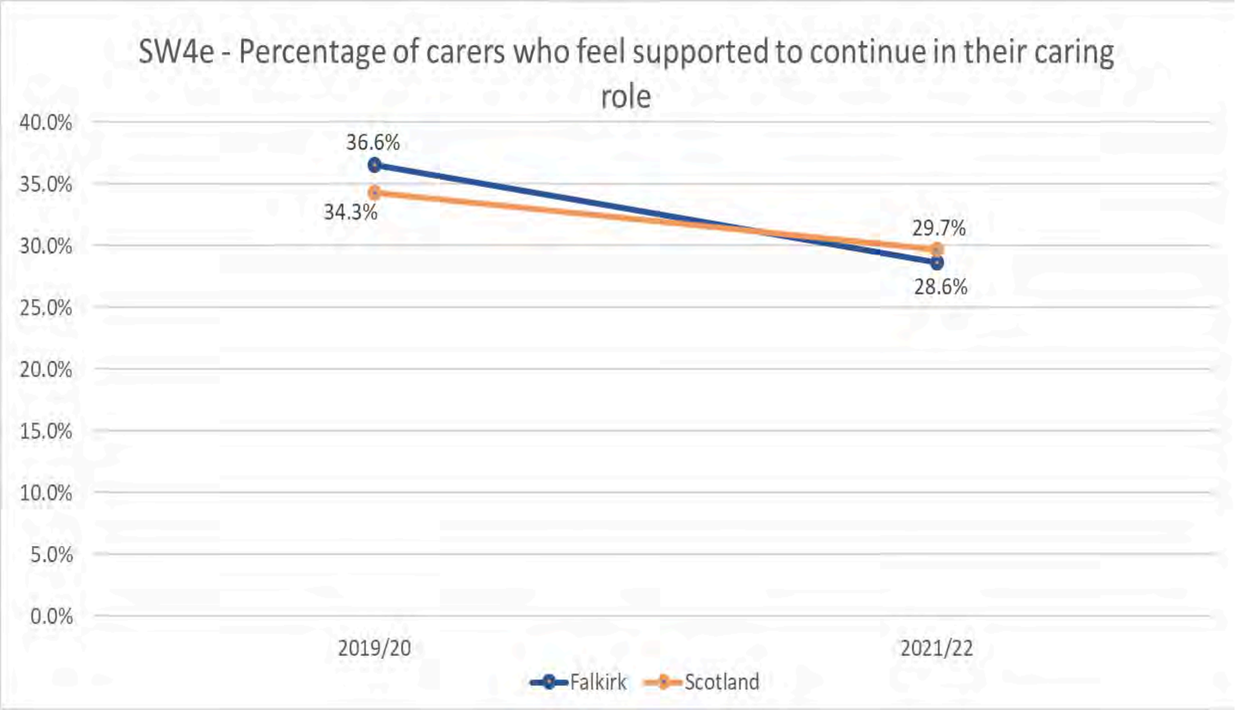
Falkirk was always slightly above the national average for this indicator, however, has dropped below it this year by around 6%. Falkirk is 2nd bottom in comparison with its peers.

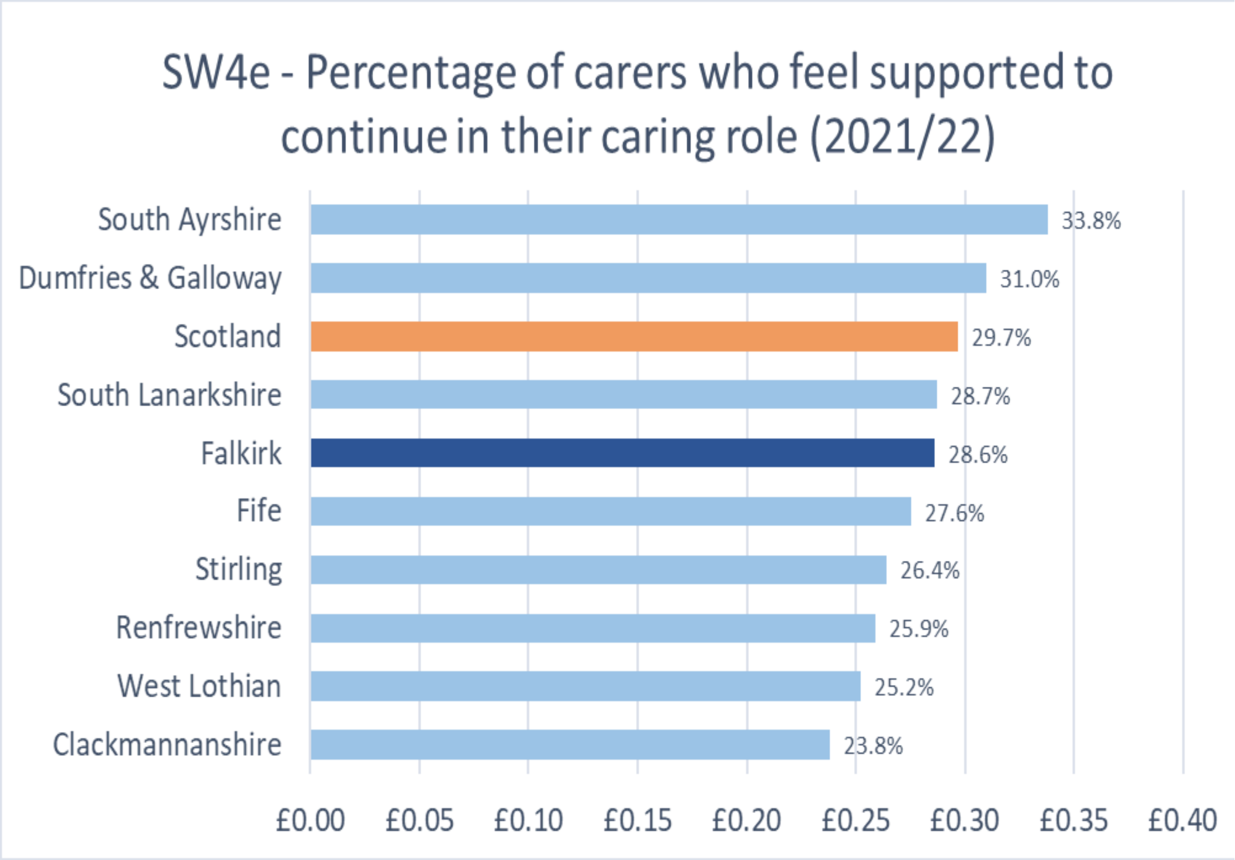

SW4d - % of adults supported at home who agree that they ahad a say in how their help, care or support was provided
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
78.6%
75.4%
70.6%
63.9%
2019/20
2021/22
Falkirk
Scotland



SW4e - Percentage of carers who feel supported to continue in their caring role

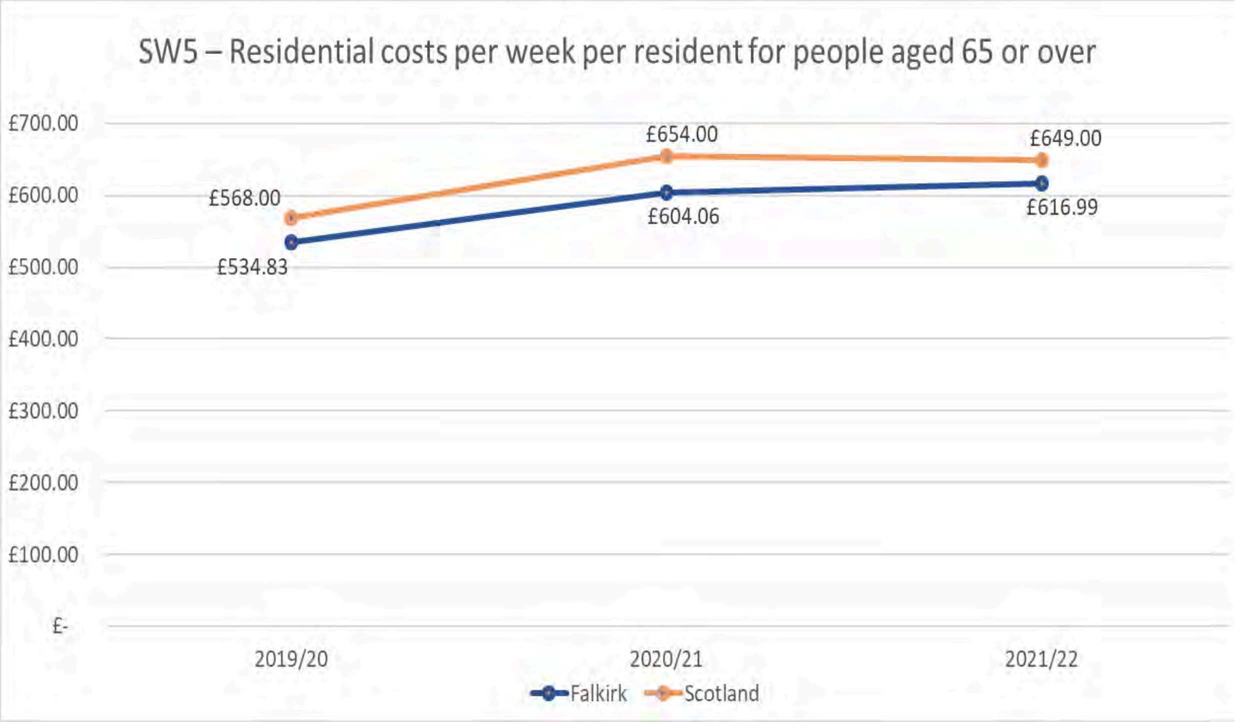
Falkirk has mirrored very closely a decreasing trend with the national average. Like SW4d above has always retained a higher level of performance until dropping this year by 1% lower than the national average. Falkirk is around midrange within its peer group. This indicator also comes from the health and care experience survey which is carried out every 2 years.

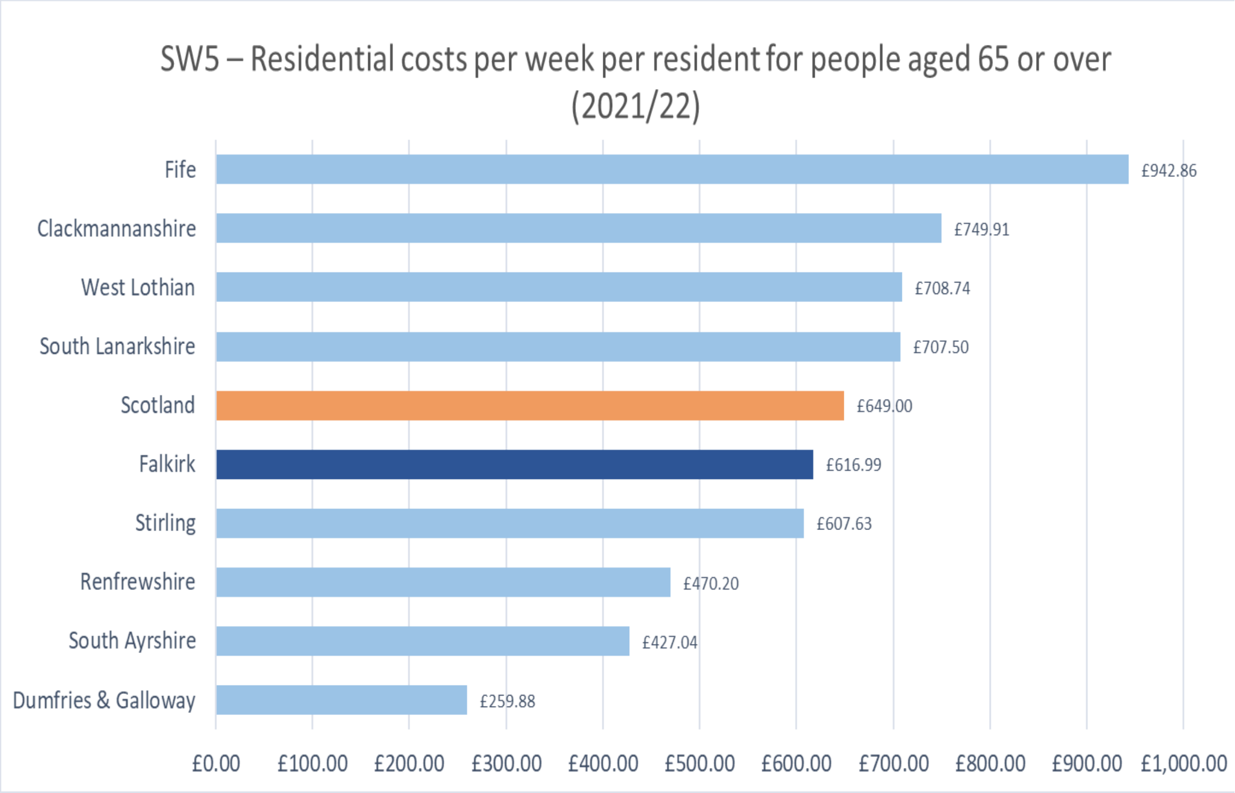

SW4e - Percentage of carers who feel supported to continue in their caring role
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
36.6%
34.3%
29.7%
28.6%
2019/20
2021/22
Falkirk
Scotland



SW5 – Residential costs per week per resident for people aged 65 or over

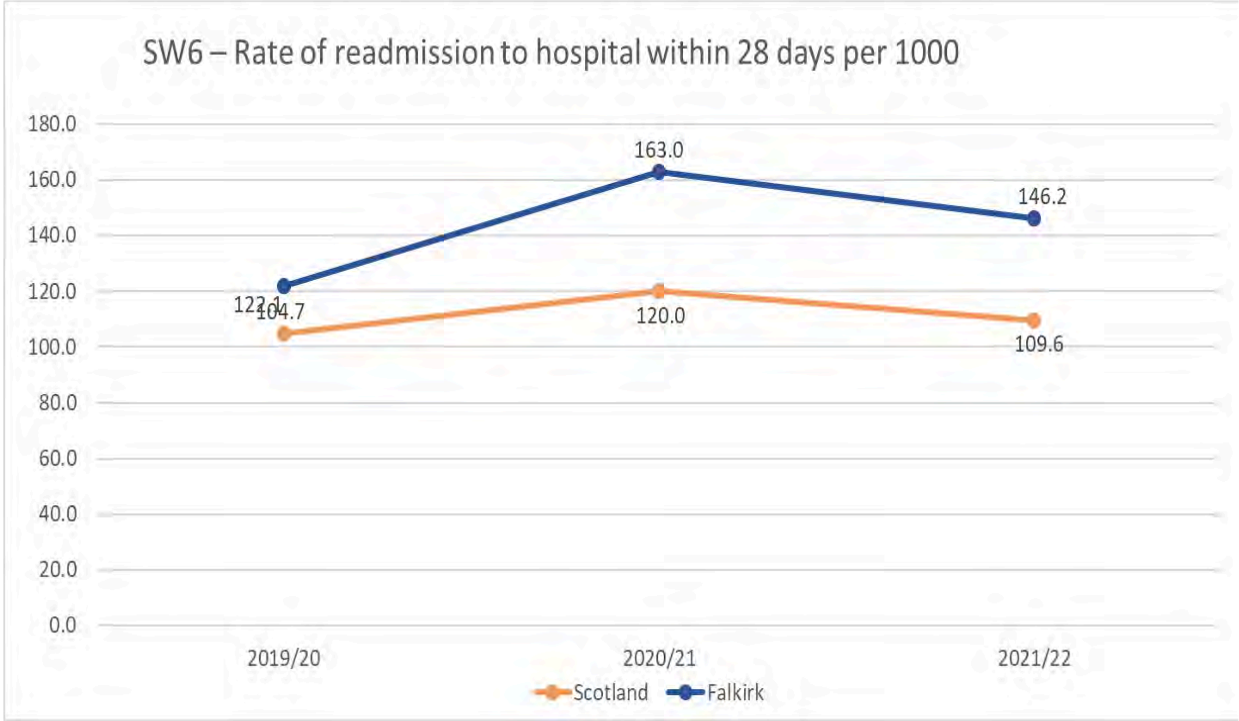
In the past decade Falkirk has consistently had a lower average cost compared to the national average, with both seeing a rise since 2019/20. Falkirk remains slightly lower than the national figure and is around midrange with it peers.

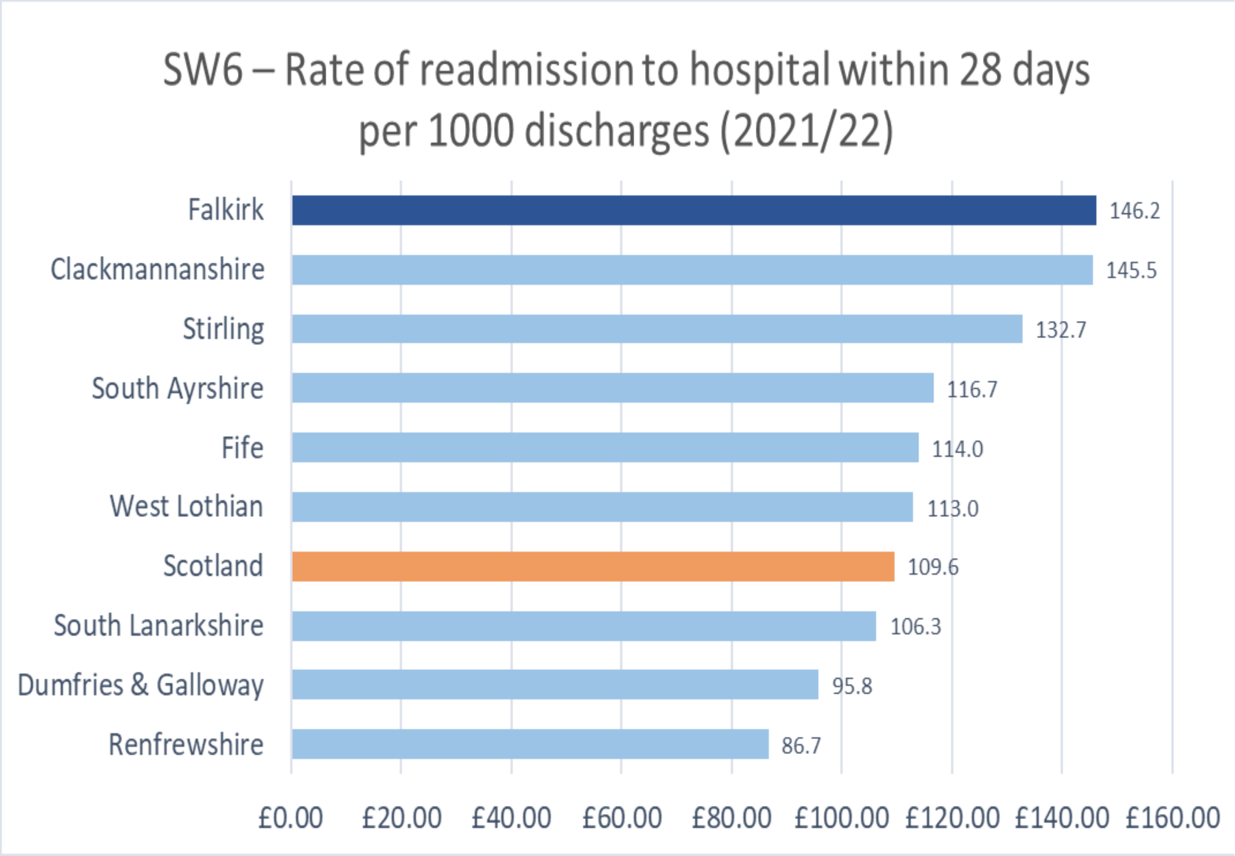

SW5 – Residential costs per week per resident for people aged 65 or over
£700.00
£600.00
£500.00
£400.00
£300.00
£200.00
£100.00
£-
2019/20
2020/21
2021/22
£568.00
£534.83
£654.00
£604.06
£649.00
£616.99
Falkirk
Scotland



SW6 – Rate of readmission to hospital within 28 days per 1,000 discharges

Readmission rates drastically increased in 2020-21 for both Falkirk and Scotland after a very gentle increase in the previous 9 years. This is very likely a result of the impacts on secondary care from the COVID pandemic. There was also a change in recording practices in NHS Forth Valley that would have contributed to a steeper rise for Falkirk. Therefore caution is advised when interpreting this indicator.

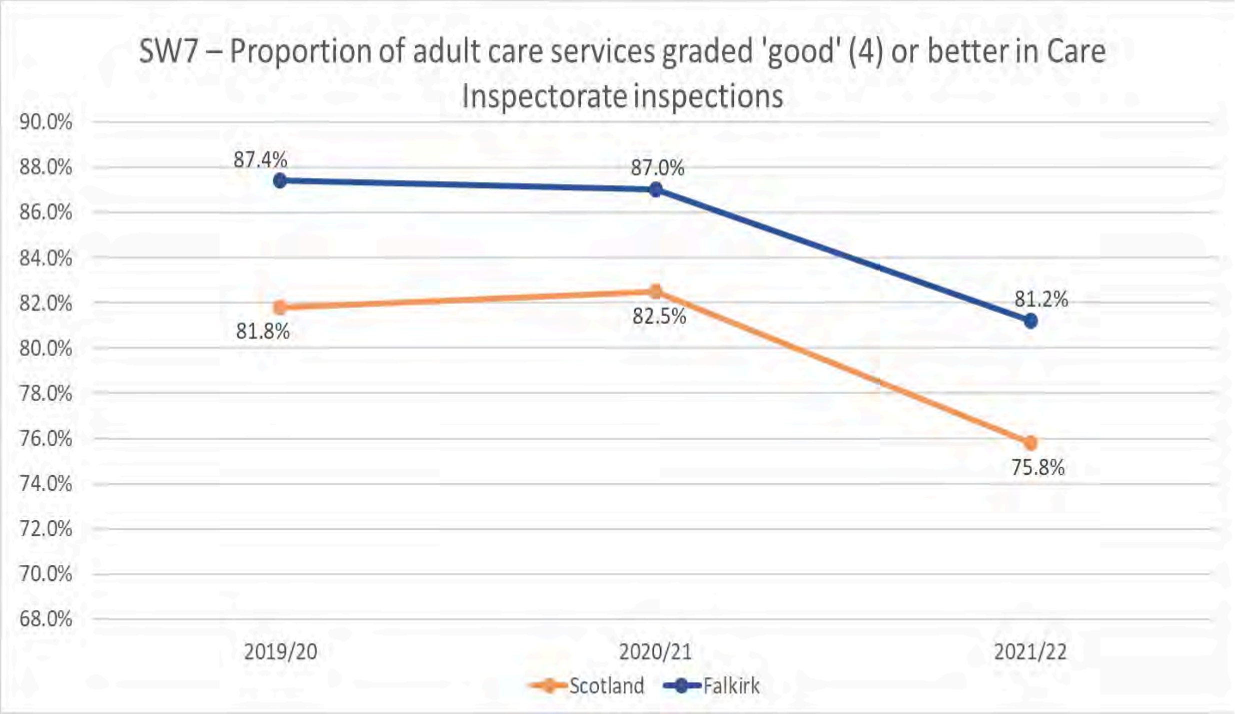

SW6 – Rate of readmission to hospital within 28 days per 1000
180.0
160.0
140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
2019/20
2020/21
2021/22
122.1
104.7
163.0
120.0
146.2
109.6
Scotland
Falkirk

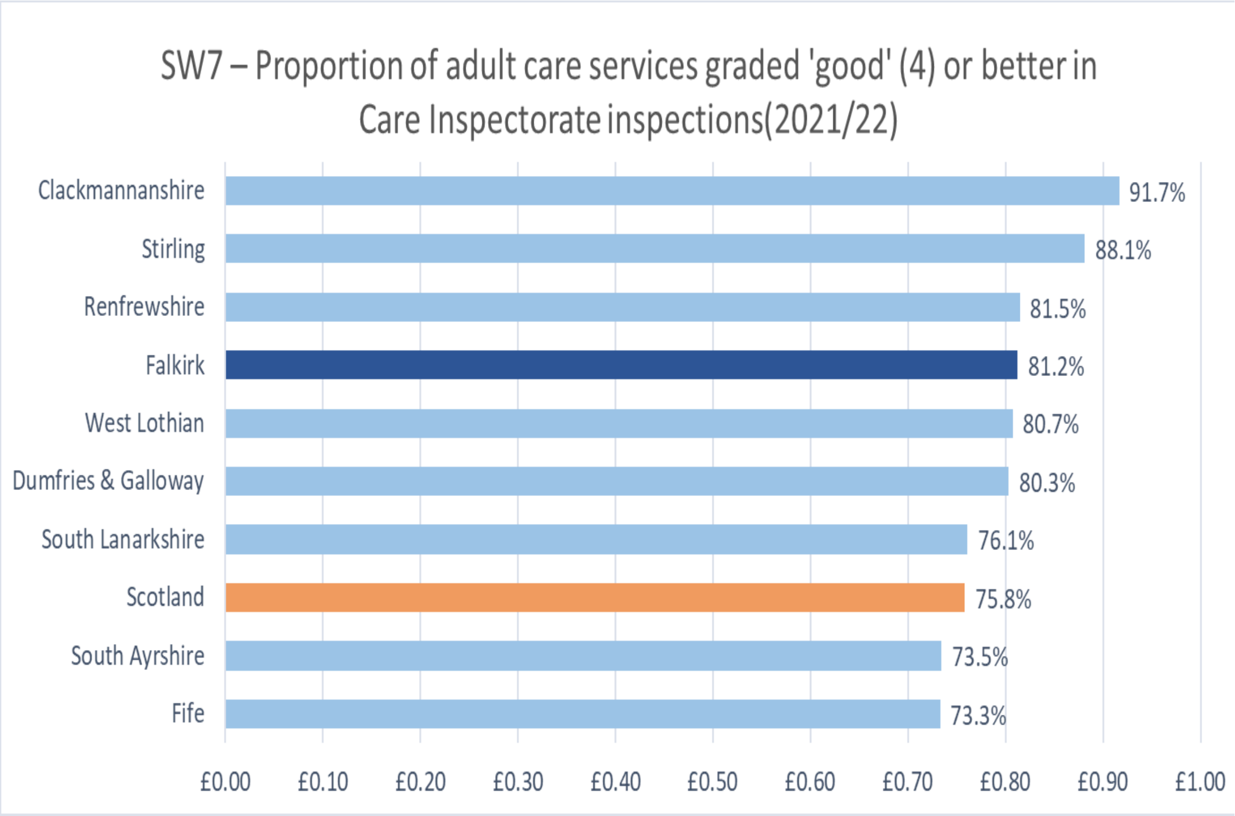


SW7 – Proportion of care services graded 'good' (4) or better in Care

Inspectorate inspections

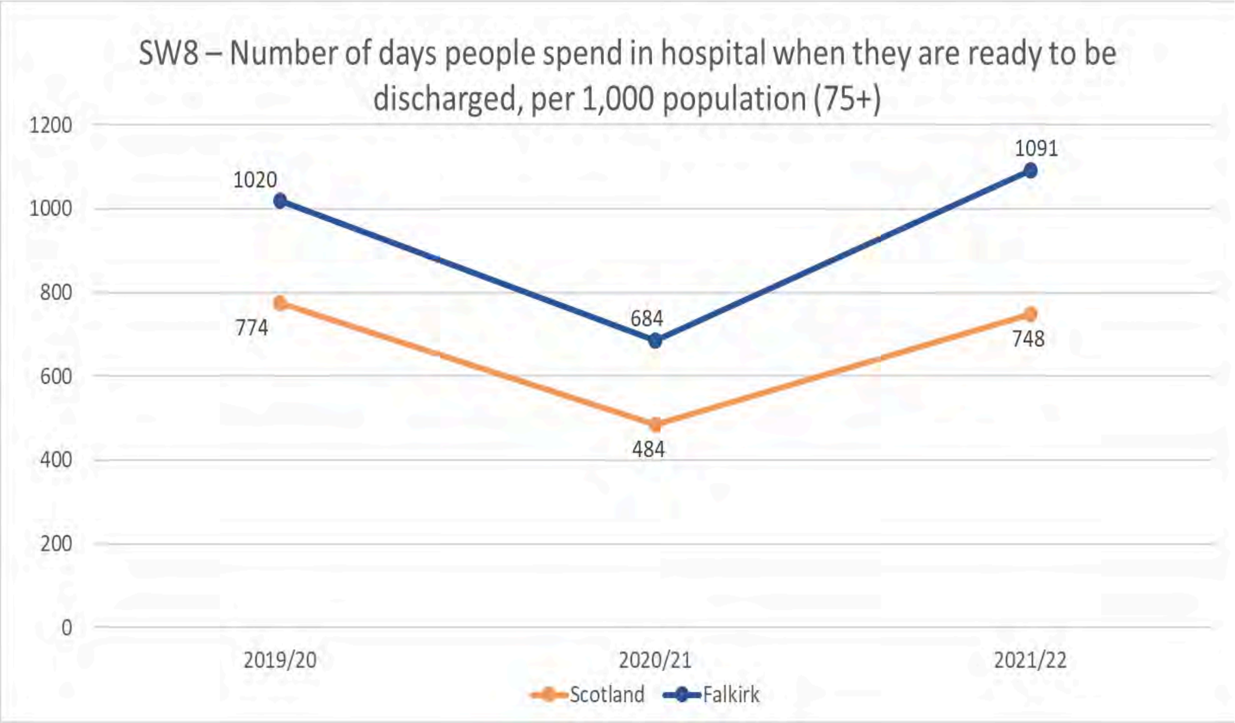
Both Falkirk and the national average have dropped percentage in 2021/22 for this indicator by 5-6%, however Falkirk still remains consistently higher. Falkirk is the 4th top within its peer group, highest being Clackmannanshire at 10 percentage points higher than Falkirk.

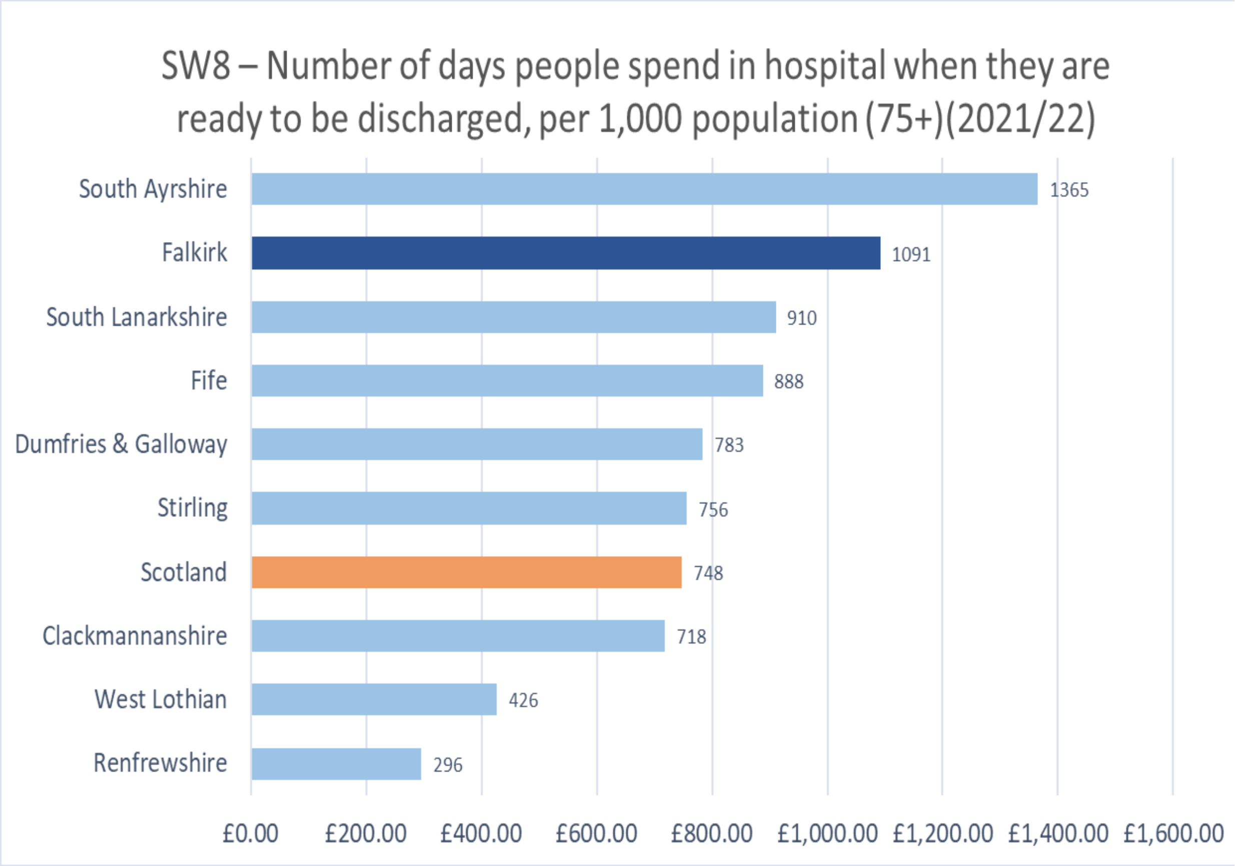

SW7 – Proportion of adult care services graded 'good' (4) or better in Care Inspectorate inspections
90.0%
88.0%
86.0%
84.0%
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
70.0%
68.0%
87.4%
87.0%
81.2%
81.8%
82.5%
75.8%
2019/20
2020/21
2021/22
Scotland
Falkirk



SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

As with indicator SW6 above, this indicator has likely been impacted by the pandemic for 2020/21 data and this could be due consideration. Both Scotland and Falkirk have seen a considerable drop for 2020/21 which has risen again in 2021/22. Although both Scotland and Falkirk follow a similar trend, Falkirk's numbers are substantially higher than the national average. Of the peer group, only South Ayrshire residents spent more days in hospital when ready to be discharged in 2020/21 and 2021/22.


SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)
1200
1000
800
600
400
200
0
1020
684
1091
774
484
748
2019/20
2020/21
2021/22
Scotland
Falkirk


SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)(2021/22)
South Ayrshire
1365
Falkirk
1091
South Lanarkshire
910
Fife
888
Dumfries & Galloway
783
Stirling
756
Scotland
748
Clackmannanshire
718
West Lothian
426
Renfrewshire
296
£0.00
£200.00
£400.00
£600.00
£800.00
£1,000.00
£1,200.00
£1,400.00
£1,600.00

LGBF Local Government Benchmarking Framework

Full data explorer is available at the link below:

[Explore the data | Benchmarking (improvementservice.org.uk)]

Falkirk Performance 2021/22

The following briefing covers the recently released 2021/22 Adult social work indicators which form part of the overall Local Government Benchmarking Framework and were included in the recent overview publication. This briefing will look at each of the adult social work indicators in two ways: 1. Trend analysis compared to the national average 2. Latest year comparison with Scotland and comparable local authority peers The indicators which are included in the LGBF Adult Social work section are as follows:

SW1 Home care costs per hour for people aged 65 or over

Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on

SW2

adults 18+ as a % of total social work spend on adults 18+

% of people aged 65 and over with long-term care needs who receiving personal care at

SW3a

home

SW4b % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Percentage of adults supported at home who agree that they are supported to live as

SW4c

independently as possible

Percentage of adults supported at home who agree that they had a say in how their help,

SW4d

care or support was provided

SW4e Percentage of carers who feel supported to continue in their caring role

SW5 Residential costs per week per resident for people aged 65 or over
SW6 Rate of readmission to hospital within 28 days per 1,000 discharges

SW7 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Number of days people spend in hospital when they are ready to be discharged, per 1,000

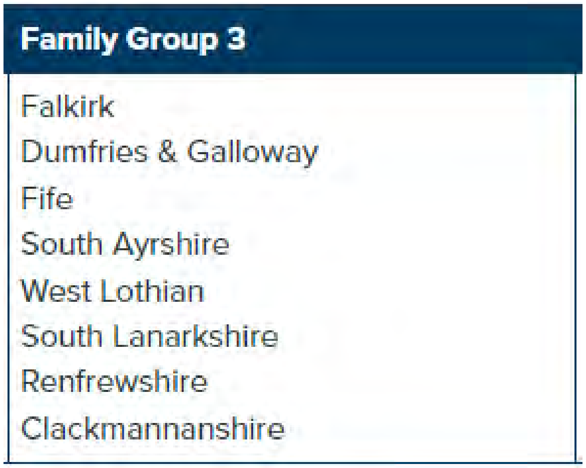
SW8

population (75+)

Note – while the LGBF 2020/21 data extract allows for both "Cash" (true figures not adjusted for inflation) and "Real" (adjusted for inflation) for all cost related indicators (SW1 and SW5) we have only used "Real" figures in this briefing so the following charts are adjusted for inflation.

Falkirk is in Family group 3 for the Improvement Services' LGBF Children, Social Work and Housing indicators. The comparator peers for Falkirk are those with a similar population in terms of relative deprivation and affluence.

The COVID pandemic which started in the beginning of 2020 will likely be a contributing factor in the observed increase and decrease of figures, therefore caution advised when interpreting many of the indicators.



Family Group 3

Falkirk
Dumfries & Galloway
Fife
South Ayrshire
West Lothian
South Lanarkshire
Renfrewshire
Clackmannanshire

Summary of Performance 2021/22

The table below provides a brief overview on how Falkirk compares to the Scotland average for the 2021/22 financial year indicators

£34.98 – Home care **3.07%**- Self Directed **66%** of people aged 65 costs per hour for people Support spend on adults and over with long-term aged 65 or over 18+ as a % of total social care needs who receiving *(SW1 – Scotland £28.71)* work spend on adults 18+ personal care at home

(SW2 – Scotland 8.20%)(SW3a – Scotland 61.9%)

70.4% - 63.9% % of adults **70.6% - -** % of adults % of adults supported at home who

supported at home who supported at home who

agree that their

services

agree that they had a say agree that they are

and support had an

in how their help, care or supported to live as

impact in improving or

support was provided independently as possible maintaining their quality of

(SW4d – Scotland 70.6%) (SW4c – Scotland 78.8%)

life *(SW4b – Scotland 78.1%)*

28.6%- % of carers who **£616.99**- Residential **146.2** - Rate of feel supported to continue costs per week per readmission to hospital

in their caring role resident for people aged within 28 days per 1,000 *(SW4e – Scotland 29.7%)* 65 or over discharges

(SW5 – Scotland £649.00) (SW6 – Scotland 109.6)

81.2% 1091

Proportion of care Number of days people services graded 'good' (4) spend in hospital when or better in Care they are ready to be Inspectorate inspections discharged, per 1,000 *(SW7 – Scotland 75.8%)* population (75+)

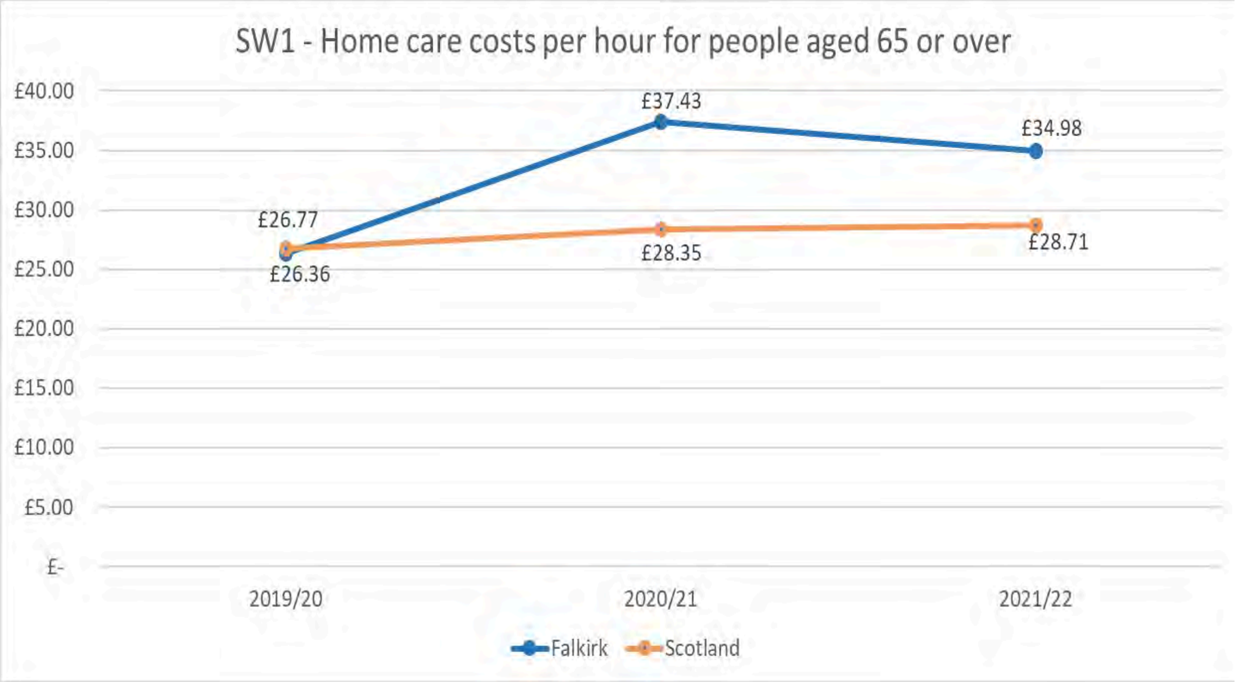
(SW8 – Scotland 748)

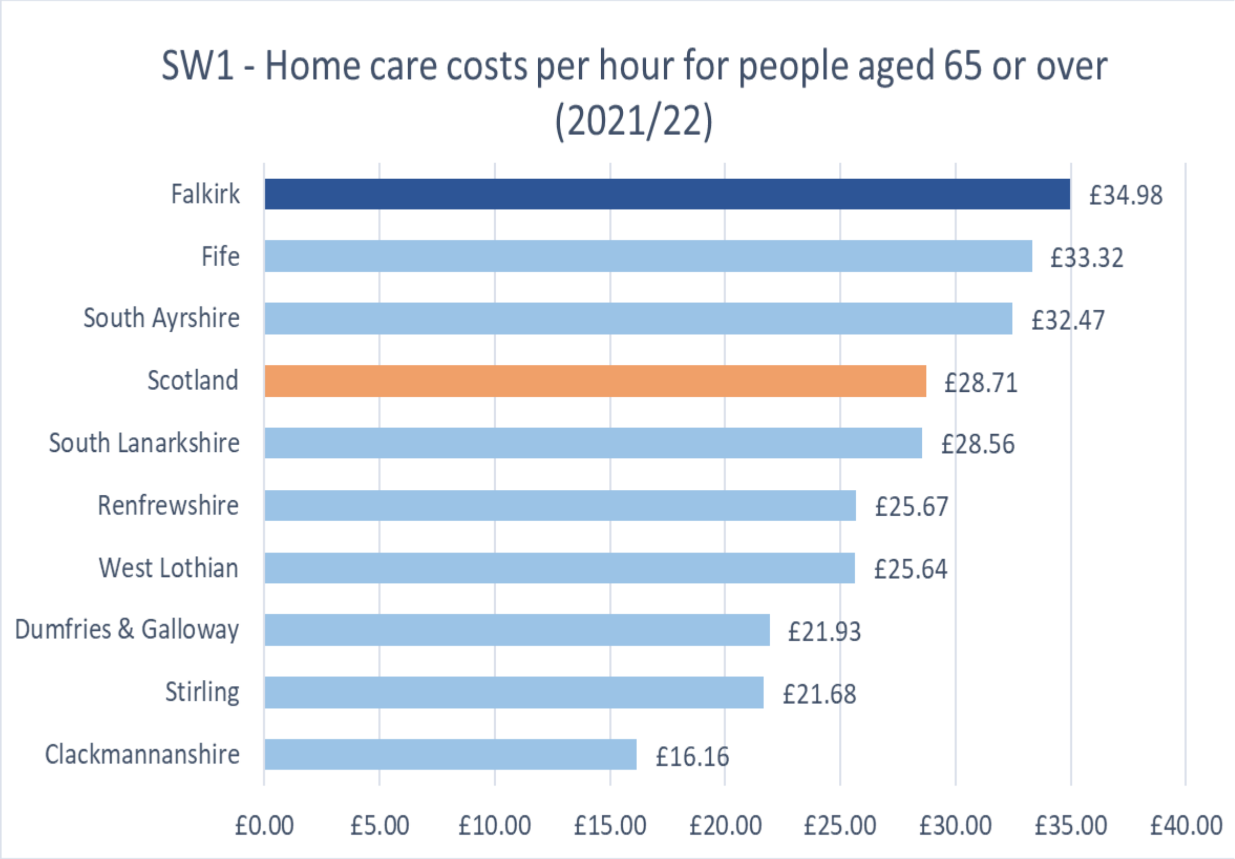
Performs better than Scotland average (>2% points better) Similar to Scotland average (within 2%)

Does not perform well compared to Scotland average (not within 2% points)

SW1 - Home care costs per hour for people aged 65 or over

Falkirk's costs have risen to higher than the national average increasing to almost £10 more in 2020/21, dropping only slightly in 2021/22. Falkirk is also highest within its peer group, at £18.82 higher than Clackmannan (lowest cost), and £1.66 higher than Fife (2nd highest). Falkirk had been considerably lower than the national average during 2013/14 to 2018/19 however has been increasing each year. Also, the costs have more than likely been affected by the arrival of the Covid pandemic in 2020.

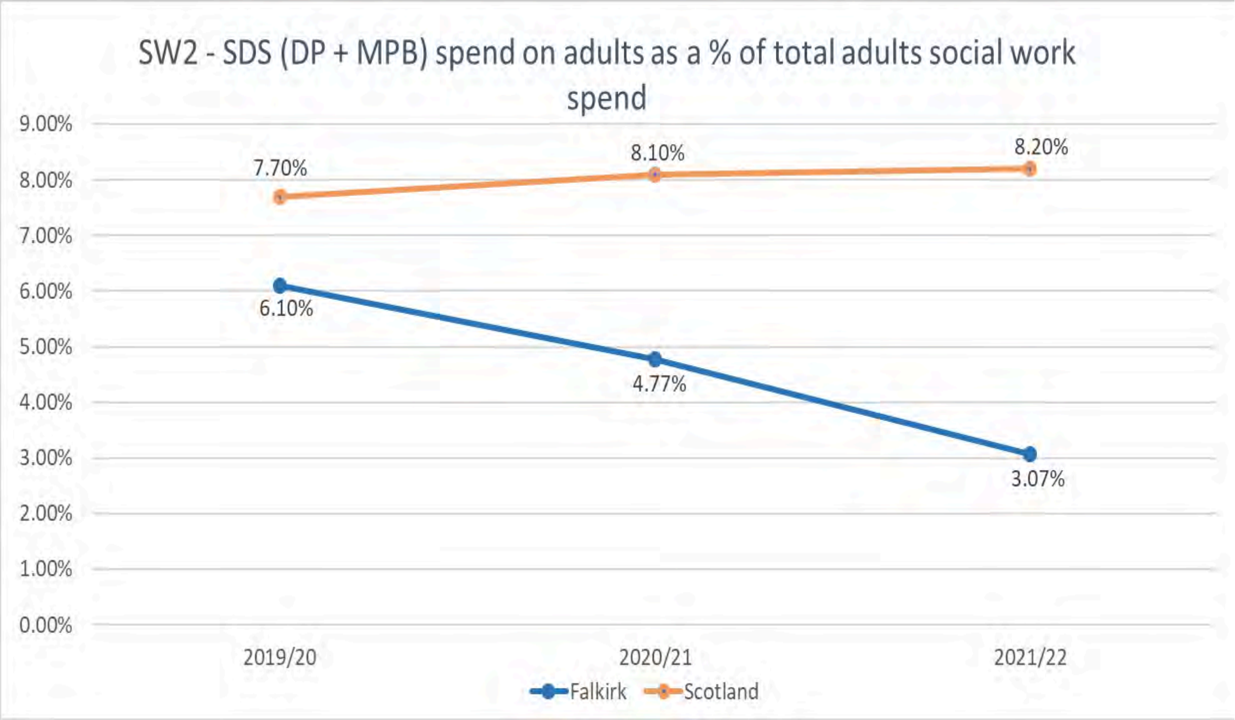


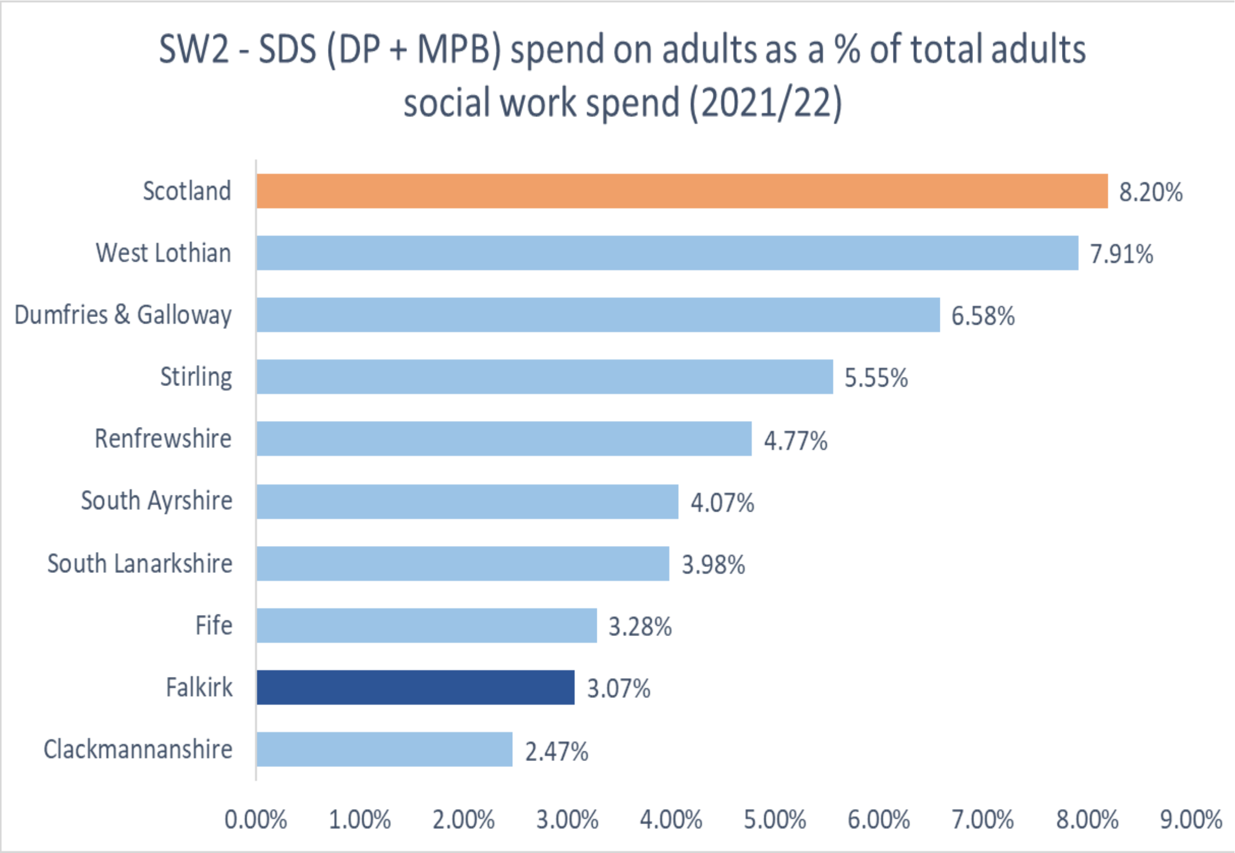


SW2 - Self Directed Support (Direct Payments + Managed

Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+

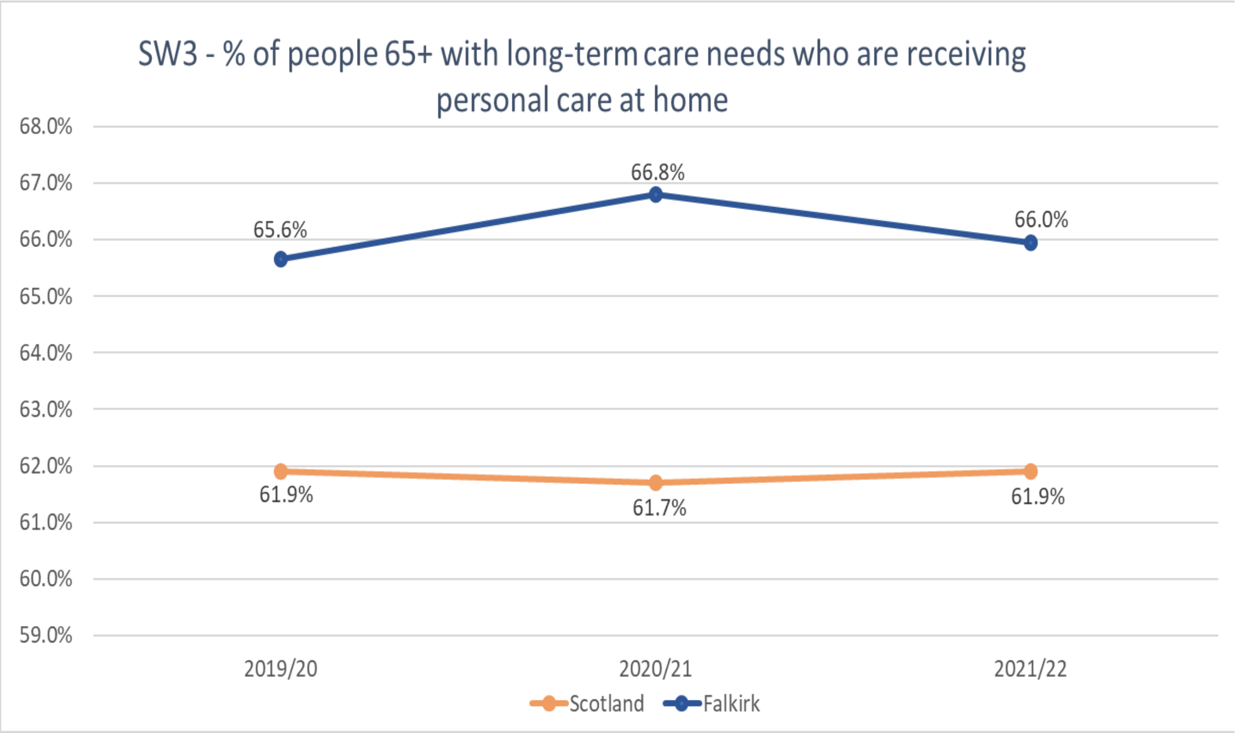
The percentage of Self Directed Support (SDS) Payments from the total social work spend on adults aged 18 plus for Falkirk has been lower than the national average for the last 3 years. This figure has decreased largely in the last 3 years and has halved since 2019/20 from 6.10% to 3.07%, while the National figure has slowly increased. Falkirk is also the second lowest in our peer group, highest being 8.20% (Scotland), lowest being 2.47% (Clackmannanshire).

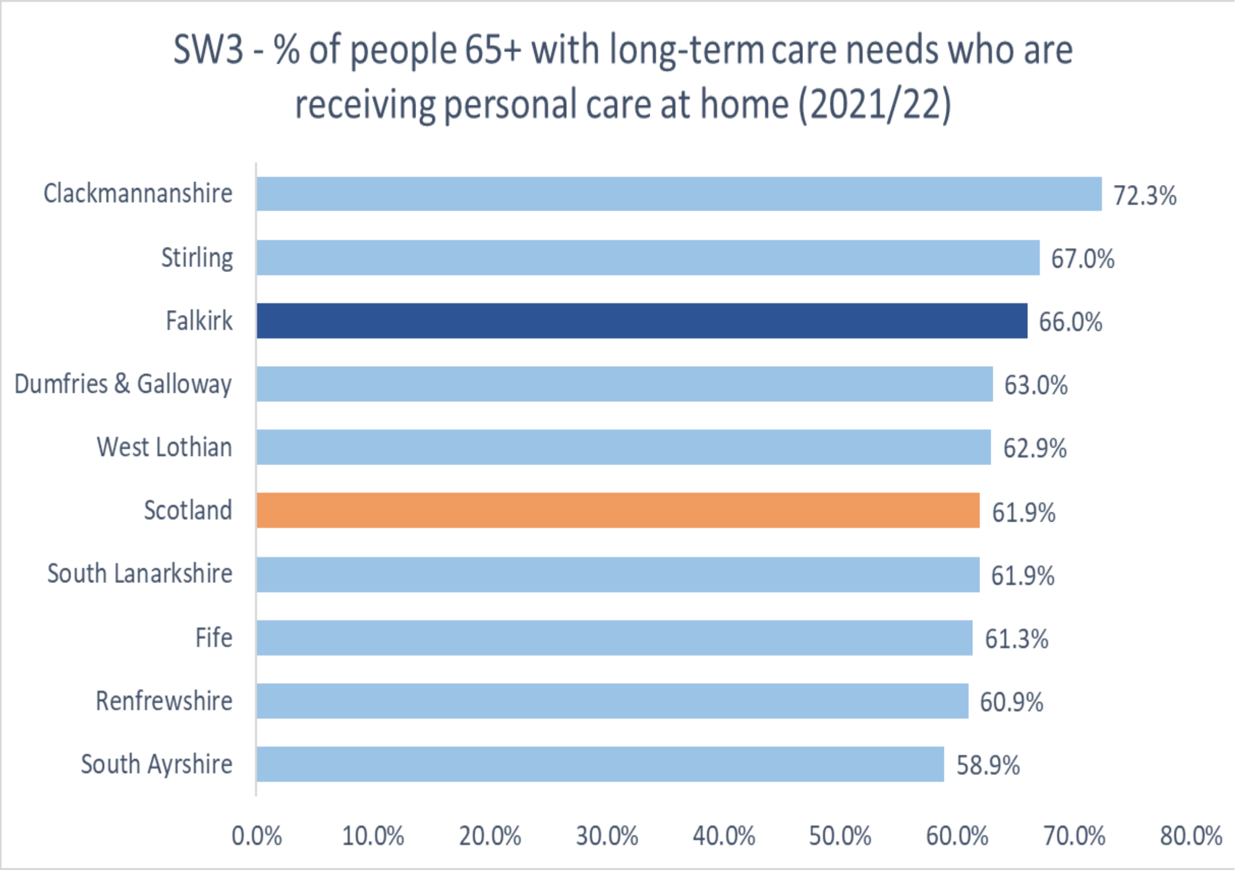




SW3a - % of people aged 65 and over with long-term care needs receiving personal care at home

The percentage of people 65 and over with long-term care needs who are receiving personal care at home has remained consistent over the last few years averaging around 66%. Falkirk has continued to be around 5-7% higher than Scotland and in 2021/22 was in the top 3 in relation to its peers, with Clackmannanshire and Stirling being the highest.

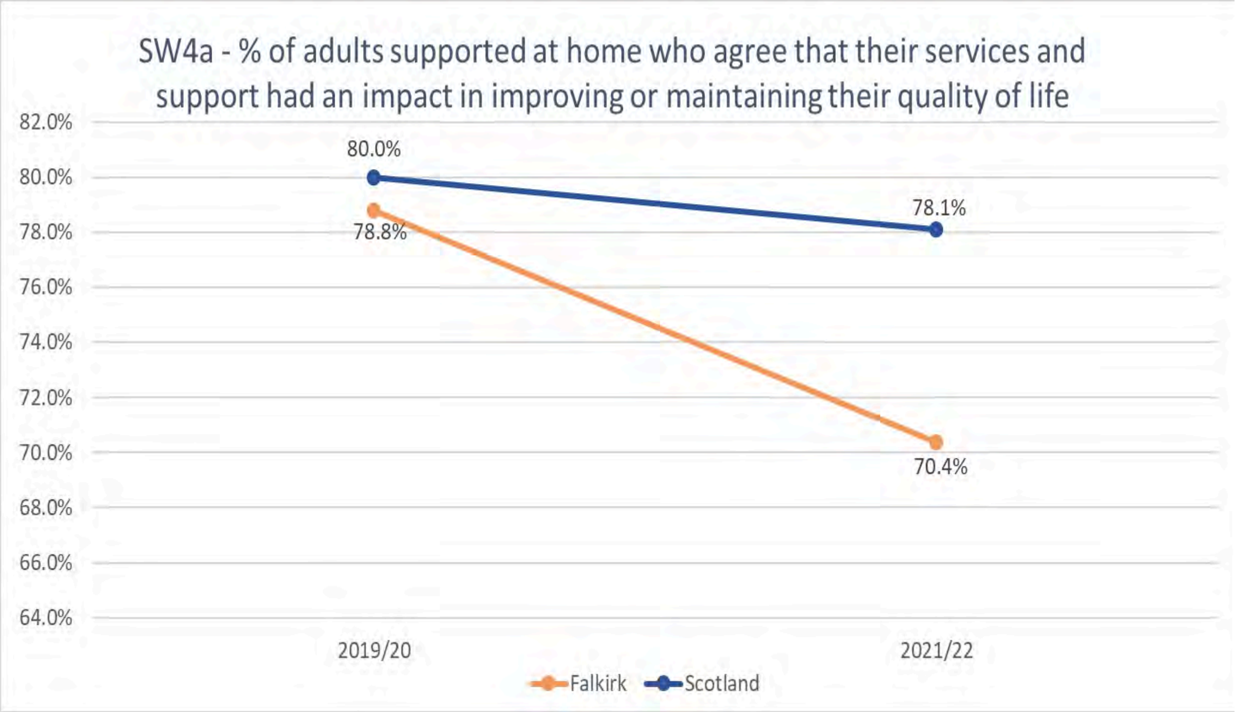

SW3 - % of people 65+ with long-term care needs who are receiving personal care at home

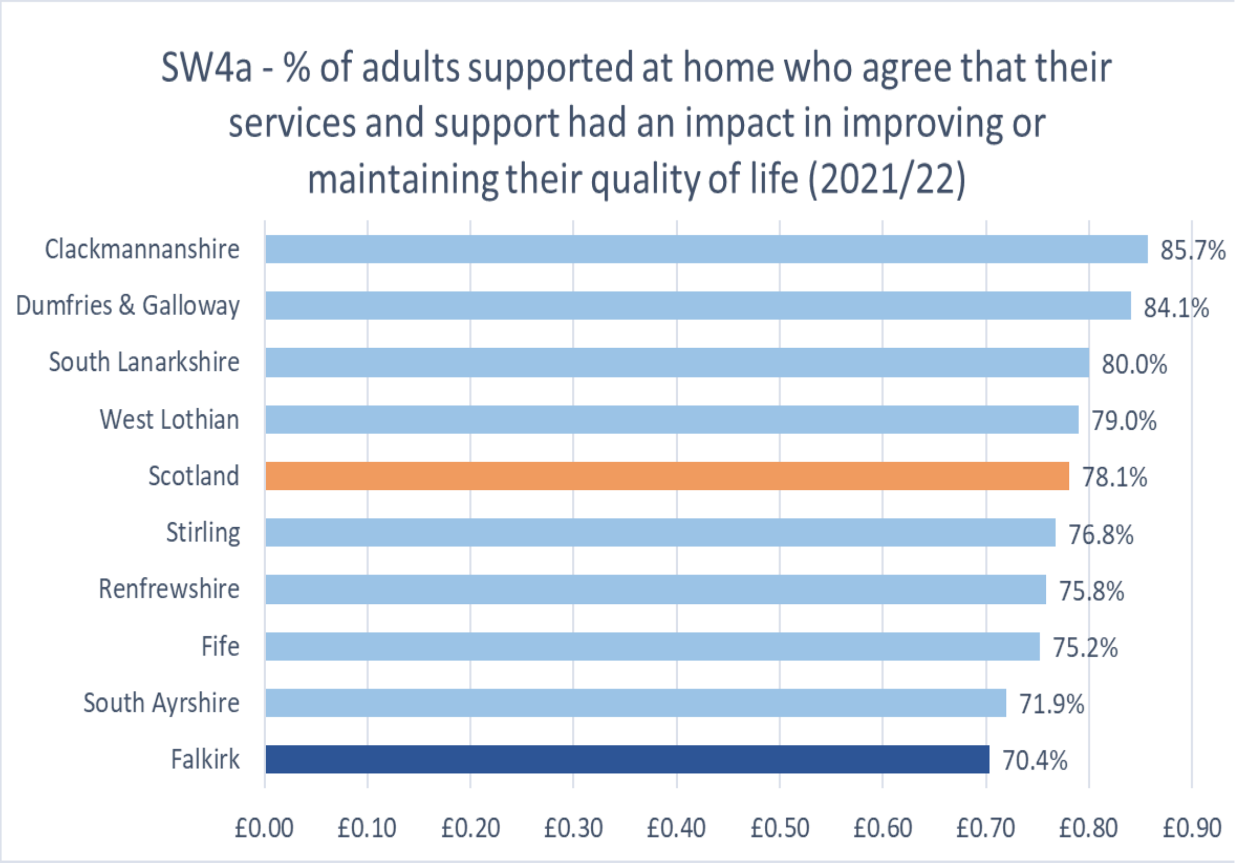

SW3 - % of people 65+ with long-term care needs who are receiving personal care at home (2021/22)

SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Indicators SW4 b, c and d are taken from the health and care experience survey which is carried out every 2 years. The survey is sample based and the size of sample for each

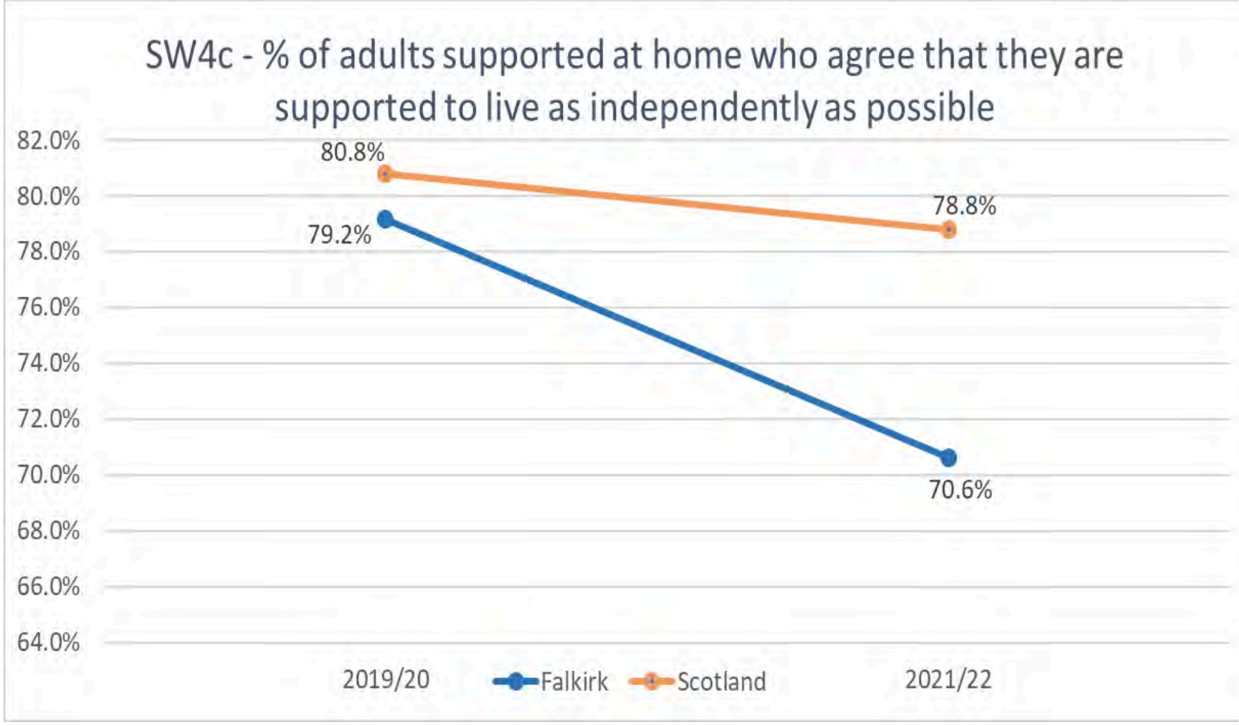
question can vary significantly. More information on sample size can be found here. There has been a decrease of around 6-10% nationally in the last decade partly due to methodological changes to the survey. Comparison to earlier years should be undertaken with caution due to changes in method and definitions. Both Falkirk and Scotland's average have dropped again this year with Falkirk dropping further than National figure with a difference of around 8%. Falkirk is also lowest in the peer group.

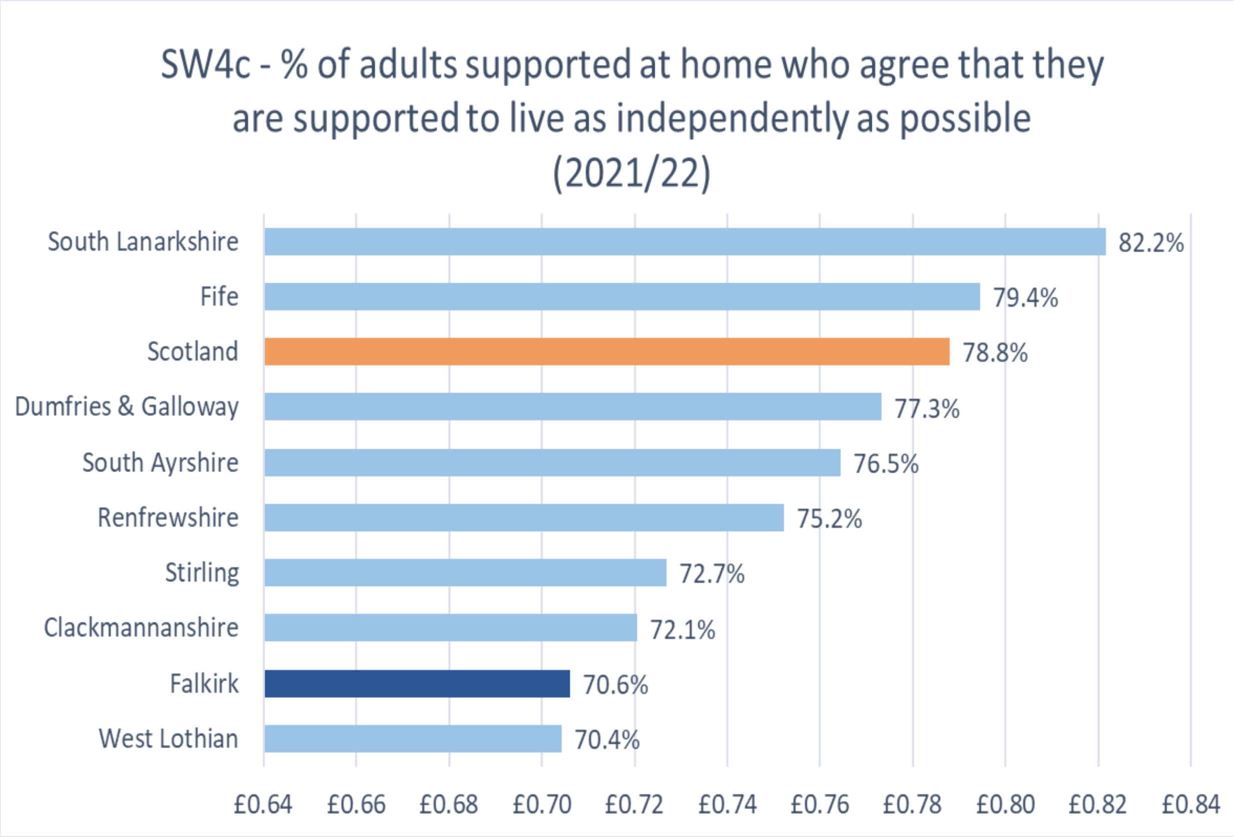




SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible

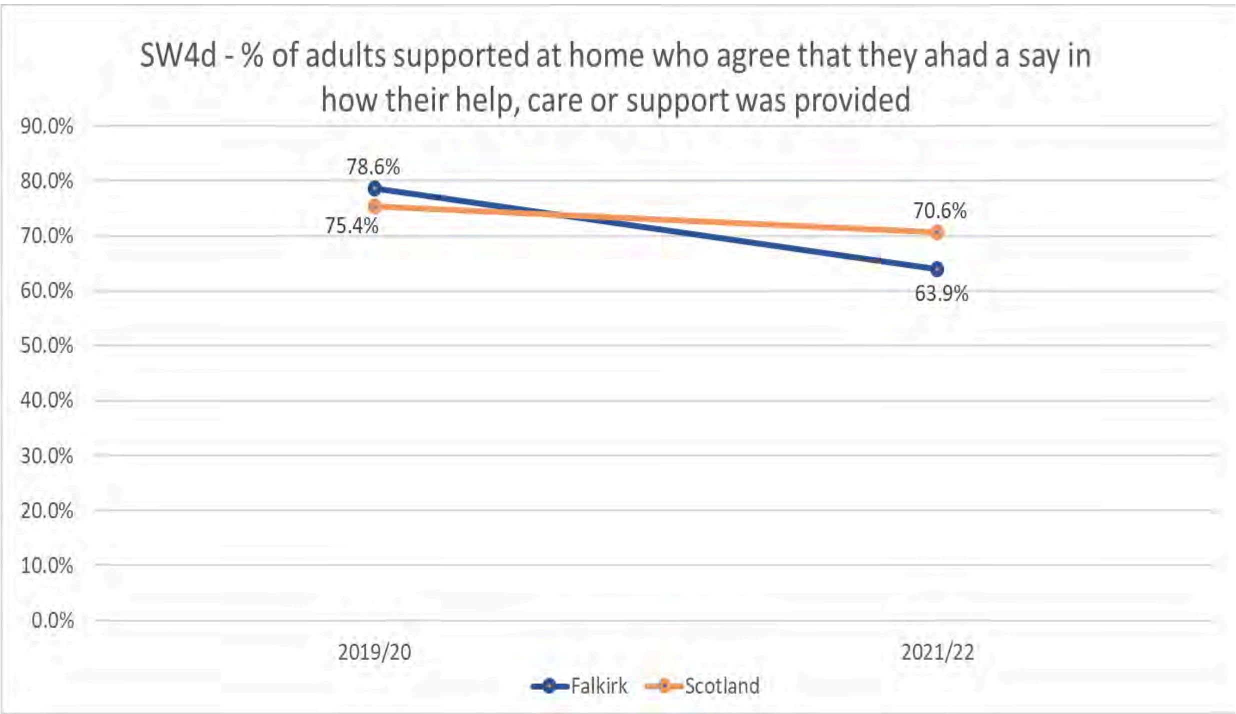
This indicator follows a similar trend to indicator SW4b above. It remains lower than the national figure and has dropped this year by around 9%. Falkirk is also 2nd bottom in its peers.


SW4c - % of adults supported at home who agree that they are supported to live as independently as possible
82.0%
80.0%
78.0%
76.0%
74.0%
72.0%
70.0%
68.0%
66.0%
64.0%
80.8%
79.2%
78.8%
70.6%
2019/20
2021/22
Falkirk
Scotland

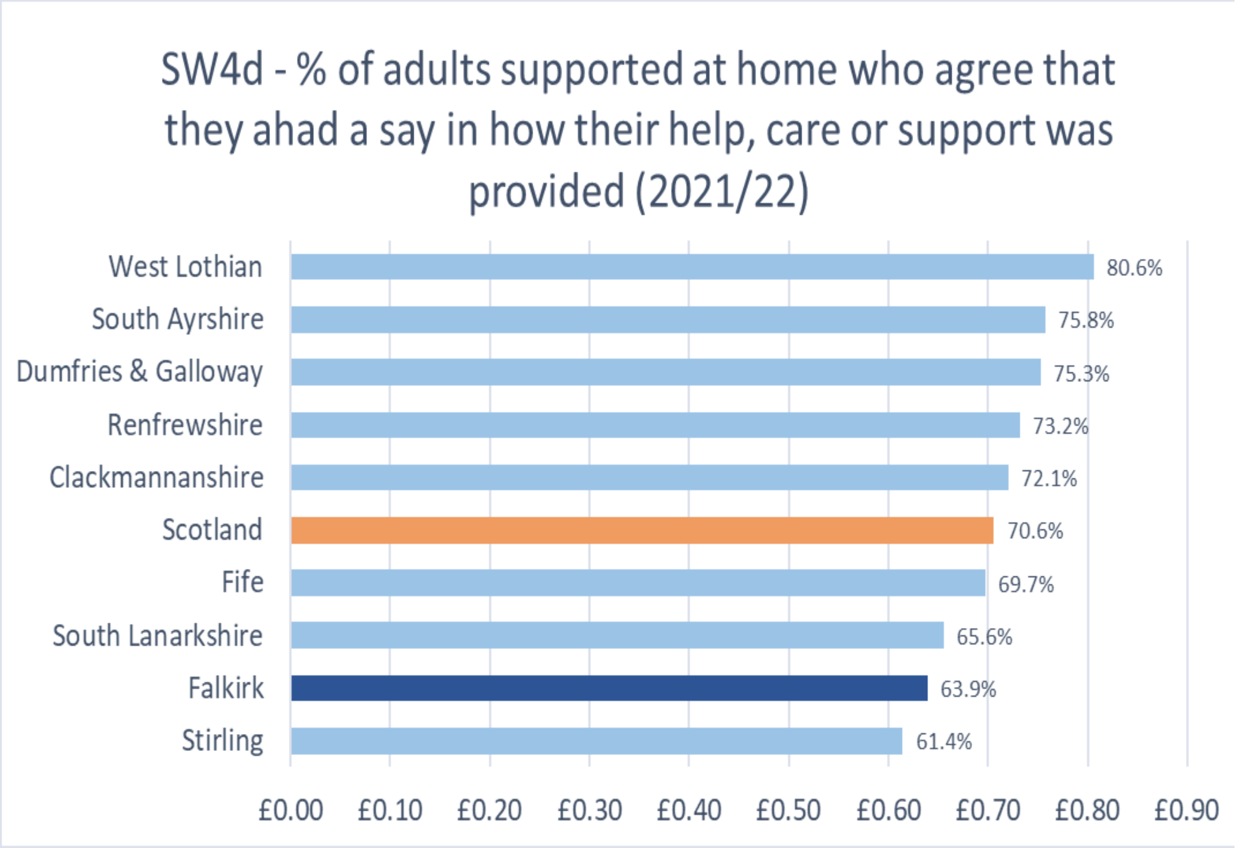


SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

Falkirk was always slightly above the national average for this indicator, however, has dropped below it this year by around 6%. Falkirk is 2nd bottom in comparison with its peers.



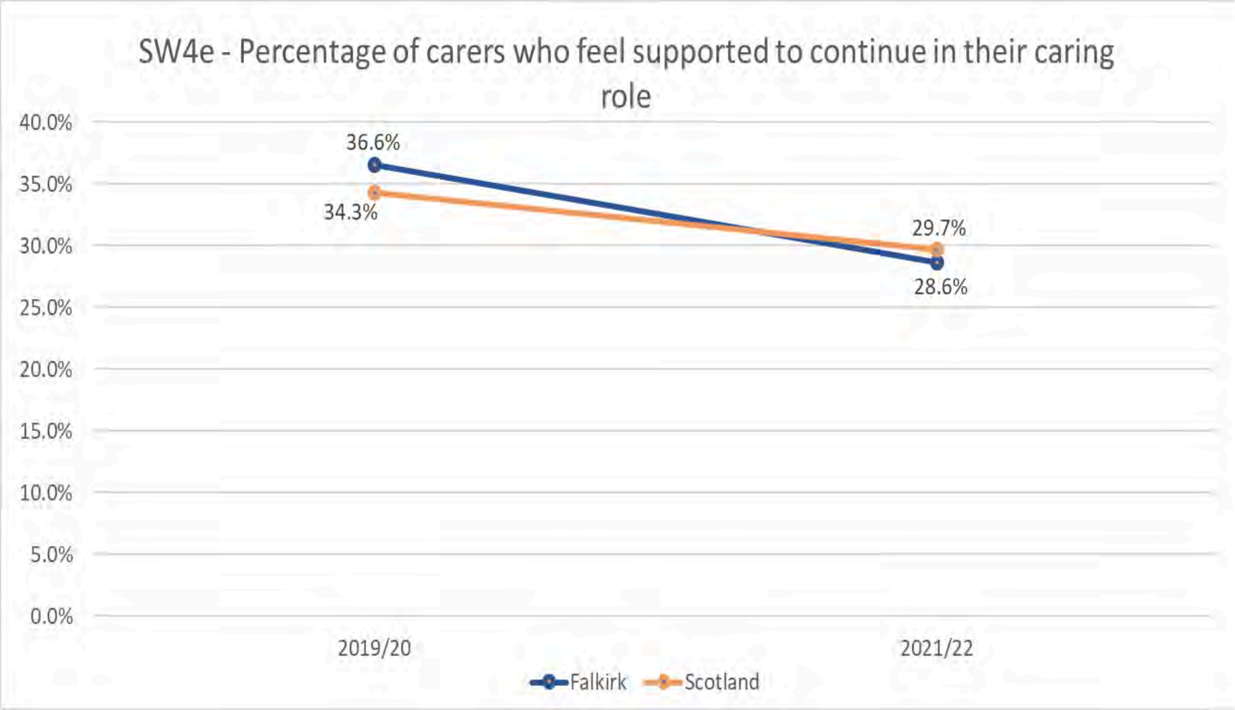
SW4d - % of adults supported at home who agree that they ahad a say in how their help, care or support was provided

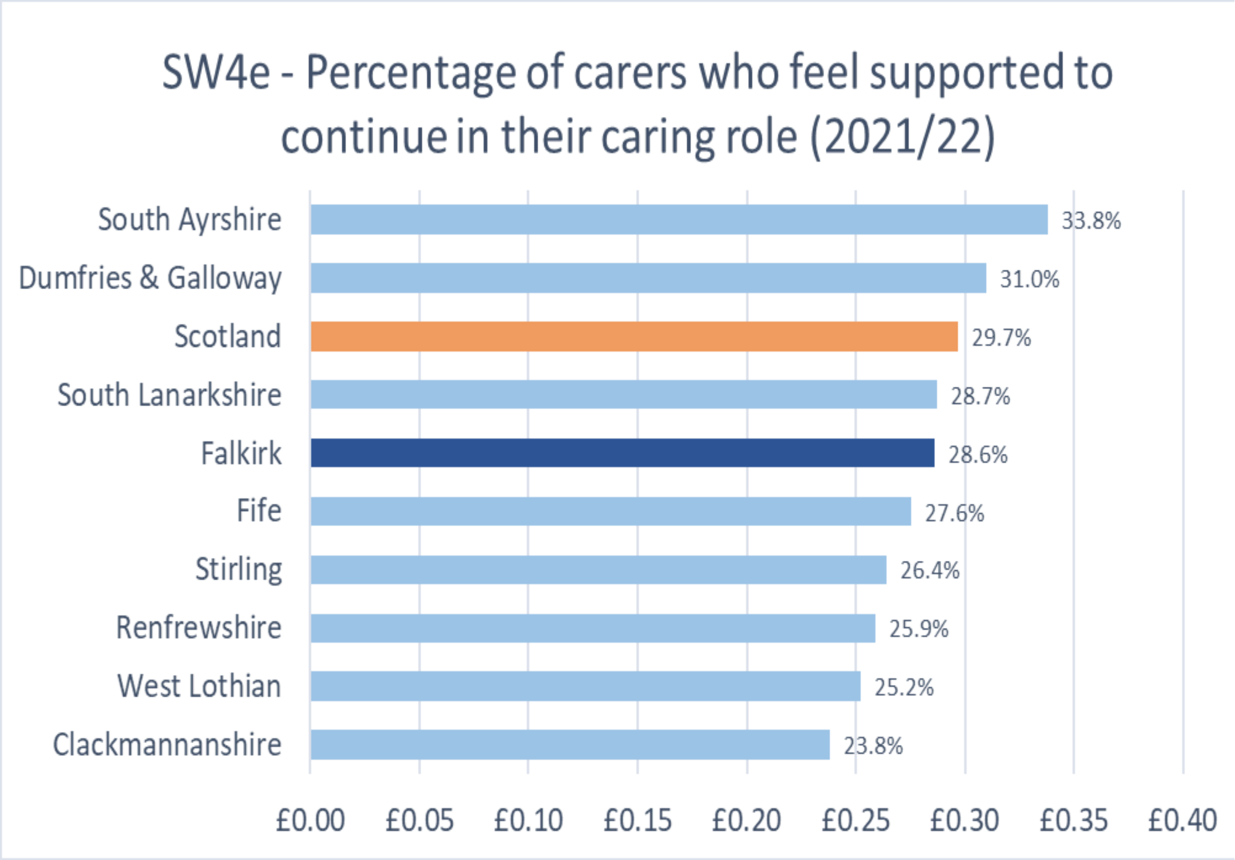


SW4d - % of adults supported at home who agree that they ahad a say in how their help, care or support was provided (2021/22)

SW4e - Percentage of carers who feel supported to continue in their caring role

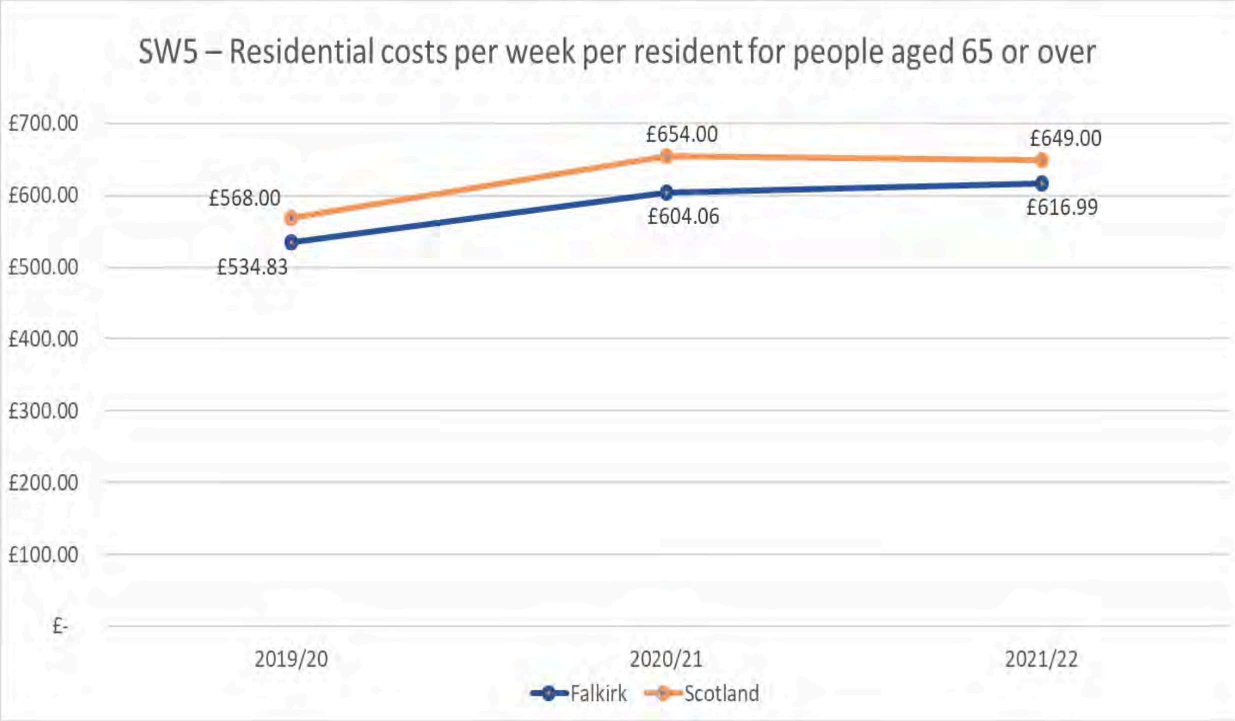
Falkirk has mirrored very closely a decreasing trend with the national average. Like SW4d above has always retained a higher level of performance until dropping this year by 1% lower than the national average. Falkirk is around midrange within its peer group. This indicator also comes from the health and care experience survey which is carried out every 2 years.

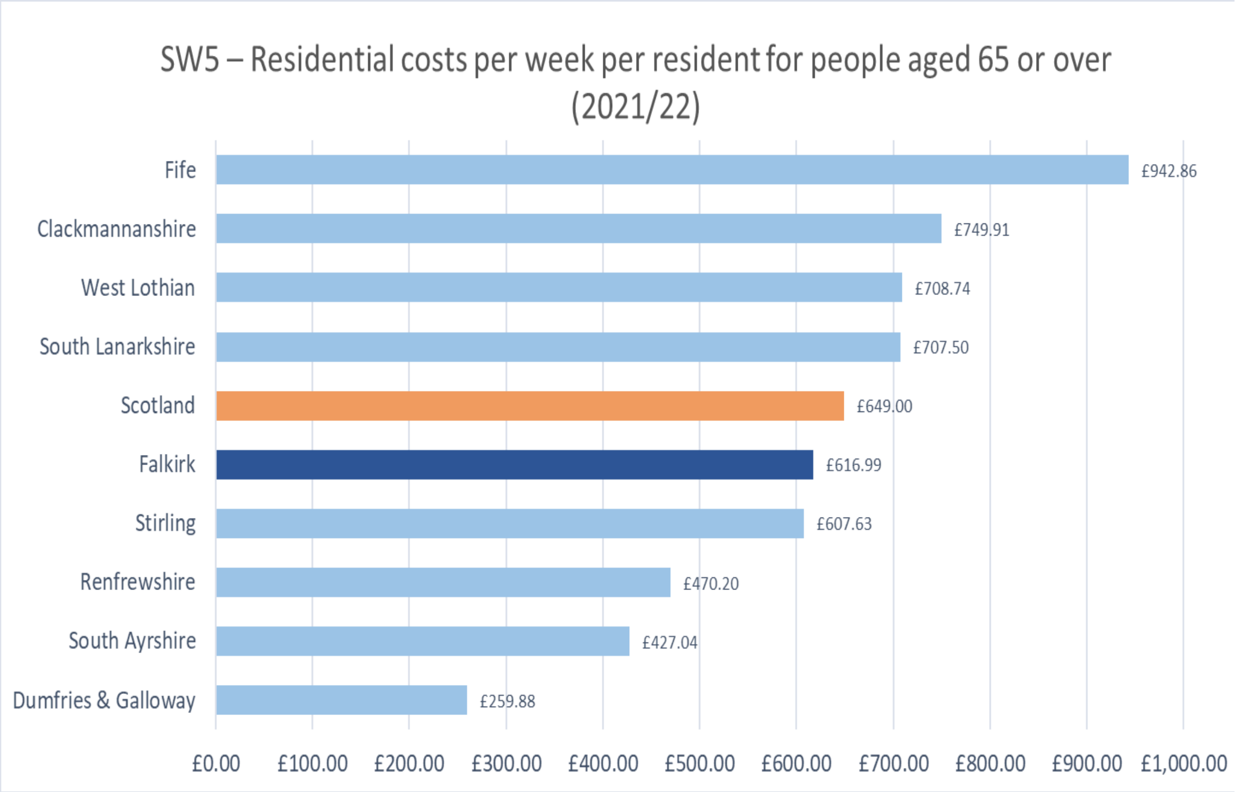




SW5 – Residential costs per week per resident for people aged 65 or over

In the past decade Falkirk has consistently had a lower average cost compared to the national average, with both seeing a rise since 2019/20. Falkirk remains slightly lower than the National figure and is around midrange with it peers.

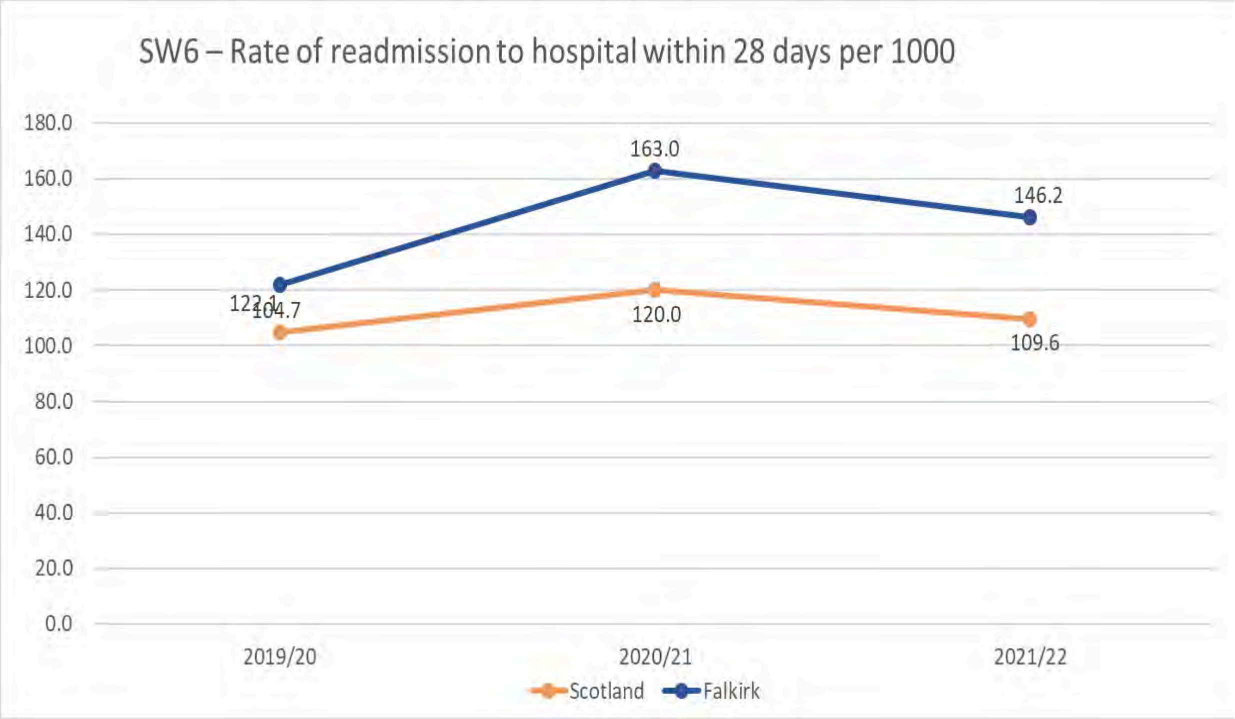


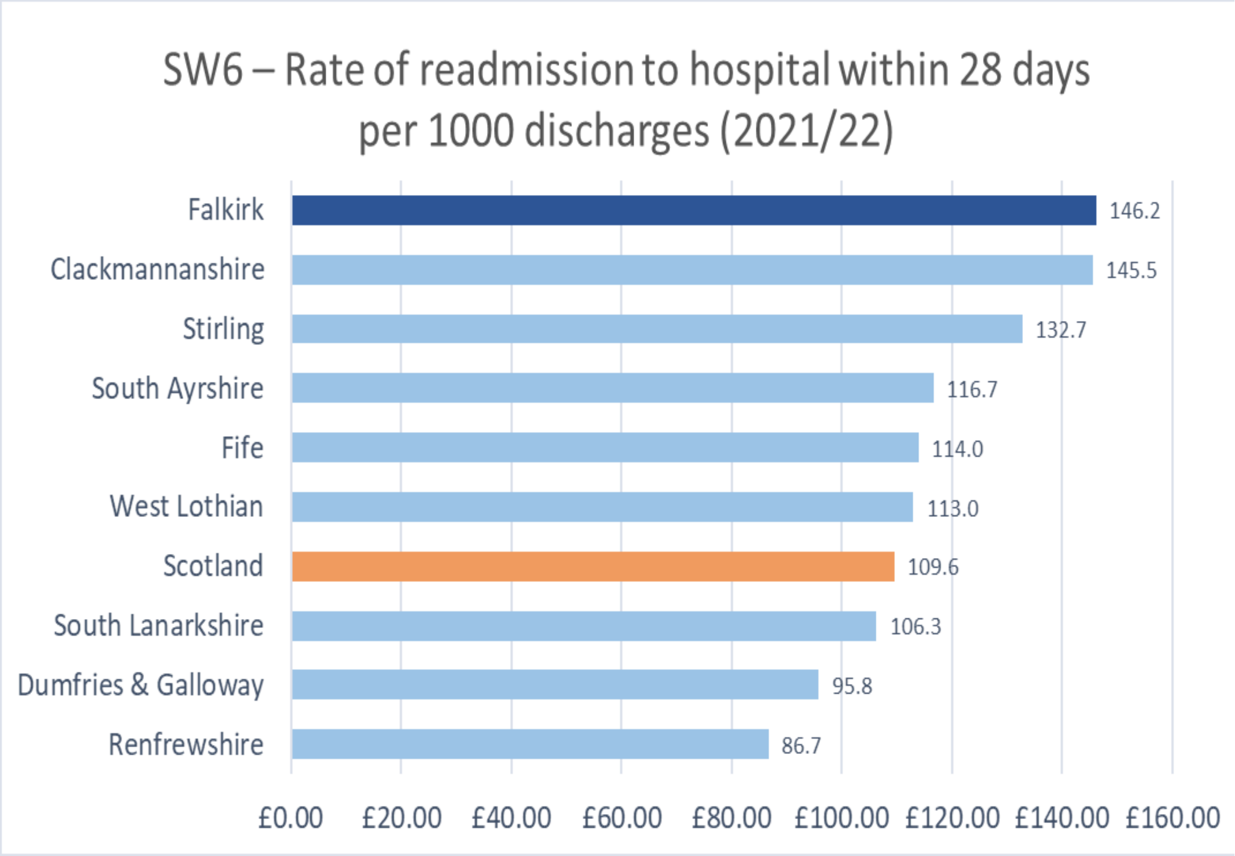


SW6 – Rate of readmission to hospital within 28 days per 1,000

discharges

Readmission rates drastically increased in 2020-21 for both Falkirk and Scotland after a very gentle increase in the previous 9 years. This is very likely a result of the impacts on secondary care from the COVID pandemic. There was also a change in recording practices in NHS Forth Valley that would have contributed to a steeper rise for Falkirk. Therefore caution is advised when interpreting this indicator.

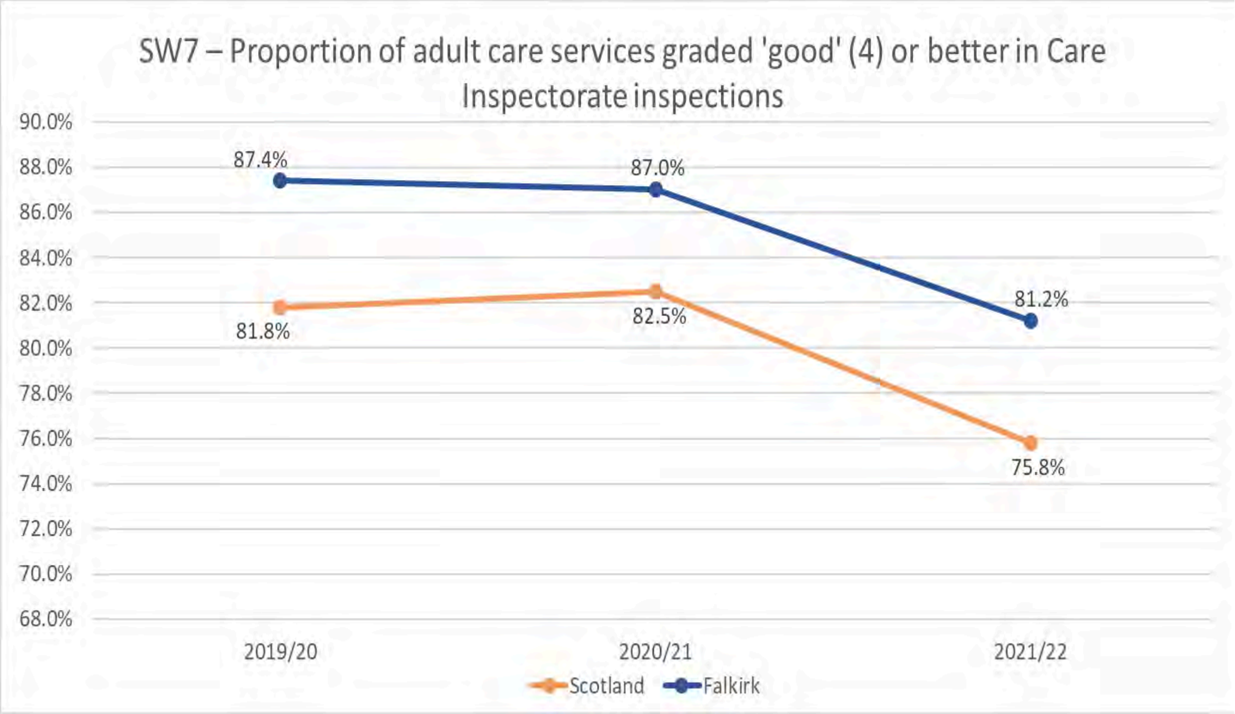


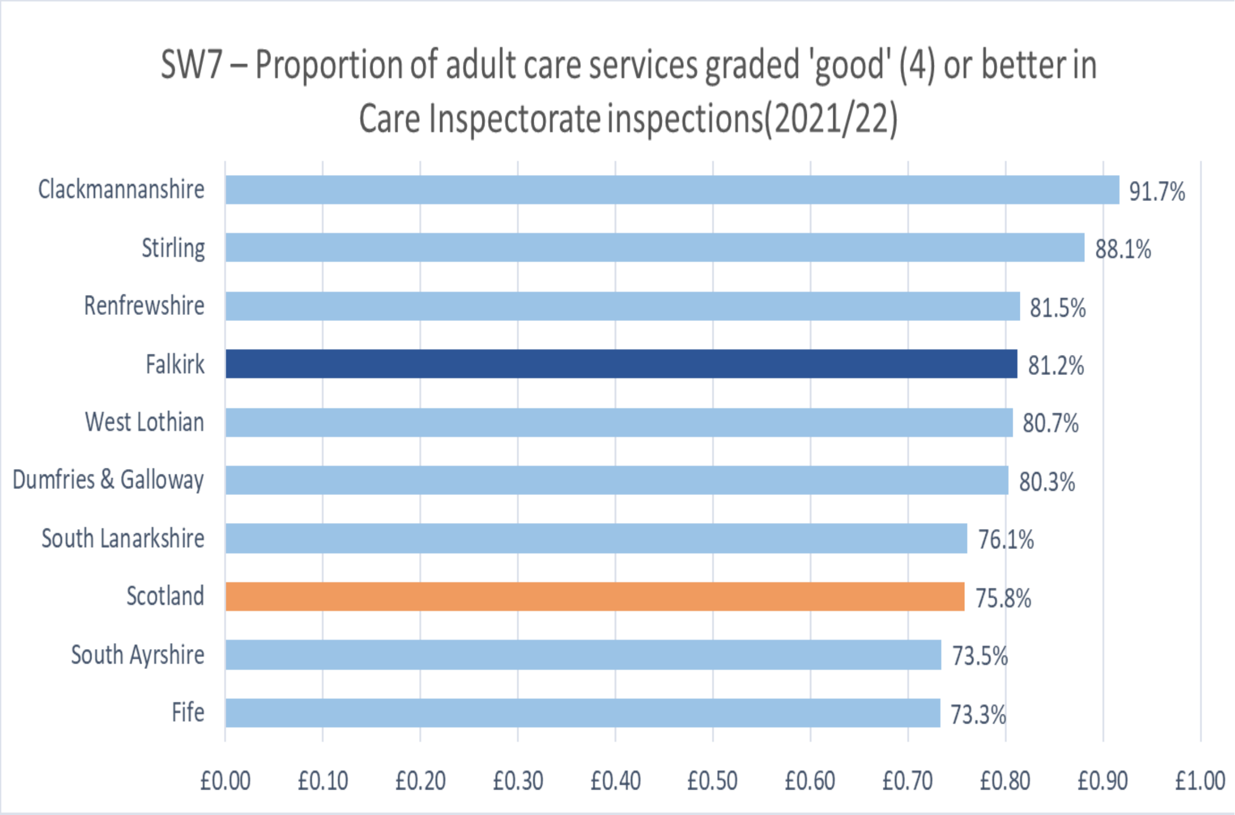


SW7 – Proportion of care services graded 'good' (4) or better in Care

Inspectorate inspections

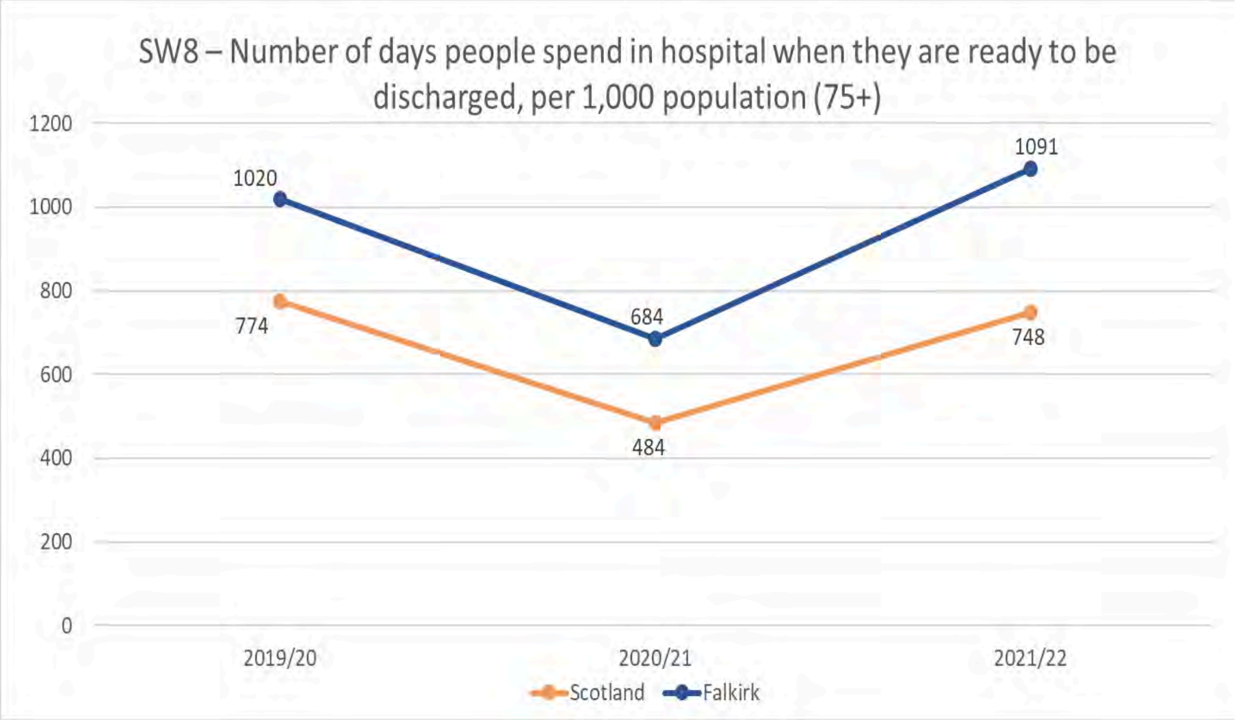
Both Falkirk and the National average have dropped percentage in 2021/22 for this indicator by 5-6%, however Falkirk still remains consistently higher. Falkirk is the 4th top within its peer group, highest being Clackmannan at 10 percentage points higher than Falkirk.

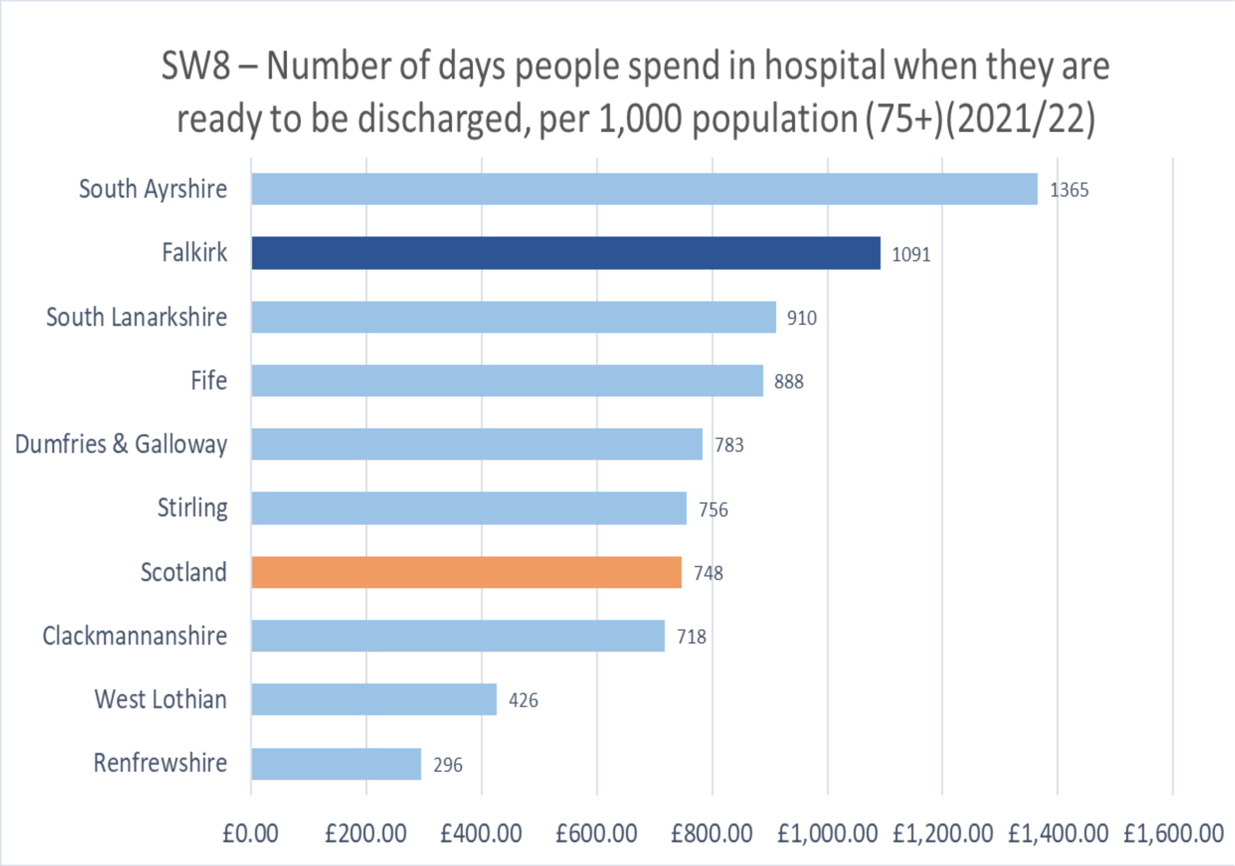

SW7 – Proportion of adult care services graded 'good' (4) or better in Care Inspectorate inspections


SW7 – Proportion of adult care services graded 'good' (4) or better in Care Inspectorate inspections(2021/22)

SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

As with indicator SW6 above, this indicator has likely been impacted by the pandemic for 2020/21 data and this could be due consideration. Both Scotland and Falkirk have seen a considerable drop for 2020/21 which has risen again in 2021/22. Although both Scotland and Falkirk follow a similar trend, Falkirk's numbers are substantially higher than the national average. Of the peer group, only South Ayrshire residents spent more days in hospital when ready to be discharged in 2020/21 and 2021/22.




SW8 – Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)(2021/22)
South Ayrshire
1365
Falkirk
1091
South Lanarkshire
910
Fife
888
Dumfries & Galloway
783
Stirling
756
Scotland
748
Clackmannanshire
718
West Lothian
426
Renfrewshire
296
£0.00
£200.00
£400.00
£600.00
£800.00
£1,000.00
£1,200.00
£1,400.00
£1,600.00

NHS
Forth Valley

CLINICAL GOVERNANCE COMMITTEE

DRAFT Minute of the Clinical Governance Committee meeting held on Tuesday 5 September 2023 at 9.00am via Microsoft (MS) Teams

Present: Mrs Margo Biggs

Mrs Kirstin Cassels

Mr Gordon Johnston

Cllr Wendy Hamilton

Ms Janie McCusker

Dr Michele McClung (Chair)

Mrs Helen McGuire

Mr John Stuart

In Attendance: Mrs Lynda Bennie Mrs Karen Goudie

Miss Jennifer Brisbane (Minute) Mr Jonathan Horwood (Item 8.4) Ms Laura Byrne Mrs Sara Mackenzie (Item 9.1 & 9.2) Mrs Donna Clark (Item 7.3) Mr Andrew Murray Dr Aileen Cope (Item 8.3) Dr Kate Patrick (Item 12.2) Prof Frances Dodd Ms Jennifer Rodgers (Item 9.3) Mrs Marie Gardiner (Item 9.1) Ms Gail Woodcock (Item 7.3)

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Mr Robert Clark and Mrs Cathie Cowan. The Chair confirmed the meeting was quorate.

2. Declaration (s) of Interest (s)

There were no declarations of interest offered at this time.

3. Draft Minute of Clinical Governance Committee meeting held on 23 May 2023

The draft minute of Clinical Governance Committee meeting held on Tuesday 1 August 2023 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

Following discussion on the purpose of, and permission provided to note the Chief Officers Group (COG) minutes at the Clinical Governance Committee, it was agreed that further information would be sought prior to upcoming clinical Governance Committee meetings.

The action log was reviewed, and all actions were noted as completed with exception of Action 6, which was extended to the Clinical Governance Committee meeting on 14 November 2023.

Committee members were informed that item 8.2, Scottish Patient Safety Programme Mental Health Update, would be deferred to a future Clinical Governance Committee meeting due to no presenter being available.

Actions:

- Seek further information on the permission and purpose of COG minutes noted at Clinical Governance Committee meetings.
- Defer Scottish Patient Safety Programme Mental Health Update to a future committee meeting agenda.

5. Clinical Governance Committee Planner

The Clinical Governance Committee **noted** the Clinical Governance Committee Planner.

6. For Approval

6.1 Updated Clinical Governance Committee Terms of Reference Re Public Health

The Clinical Governance Committee received the ‘Clinical Governance Committee Terms of Reference’.

The Clinical Governance Committee:

- ***Approved the update to 1. Public Health Governance in the Terms of Reference for the Clinical Governance Committee 2023/24.***
- ***Approved the update to 4.2- Responsibilities in the Terms of Reference for the Clinical Governance Committee 2023/24.***

The purpose of the Clinical Governance Committee Terms of Reference was to provide the NHS Board with Systems Assurance, Public Health Governance, and assurance of appropriate risk management across the system.

Key points considered:

- The following amendments were made to section:
    - o 1. Purpose
        - Public Health Governance- to ensure that the principles and standards of clinical governance are applied to the health improvement, health protection and healthcare public health activities of the NHS Board.
    - o 4.2 Responsibilities

- 4.2.1 Ensure that all elements of the Clinical Governance Framework, including learning, within the Quality Strategy are being adequately taken forward and coordinated within acute care, primary care, and community care.
- Ensure that all elements of the Clinical Governance Framework, including learning, within the Quality Strategy are implemented effectively and efficiently across the system.
- Ensure that appropriate standards of clinical governance are being applied to the health improvement, health protection, healthcare public health and screening programme activities of the Board.

6.2 Draft Annual Feedback and Complaints Report

The Clinical Governance Committee received the ‘Draft Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2022/23’

The Clinical Governance Committee:

- ***Approved the draft annual report.***

The purpose of the report was to demonstrate the implementation of the Complaints Handling Procedure and highlight NHS Forth Valley’s commitment to listening to the individuals cared for, and evidence how complaints and feedback was used to make improvements to service and staff commitment to locally resolve complaints.

Key points considered:

- The Clinical Governance Committee was assured that the Draft Annual Report; Feedback, Comments, Concerns, Compliments and Complaints 2022/23 fulfilled the Scottish Government’s requirements and acknowledged NHS Forth Valley’s commitment to listening and learning from the people cared for.
- The report highlighted areas of service improvement following data from quarterly reports.

- A correlation was noted between people’s feedback and change within NHS Forth Valley.
- The committee were advised that that there had been an increase in the volume of, and time taken to address complaints and concerns, which remained a concern.
- Assurance was provided that a new Head of Service, Eilidh Gallagher, had been appointed and would commence on the 18 September 2023, where it was anticipated that a more coordinated approach would be undertaken to address capacity concerns.

7. In Our Services, Is Care Safe Today?

7.1 Escalation Update

The Clinical Governance Committee received the ‘Escalation Update’.

The Clinical Governance Committee:

- ***Noted the information provided to the Performance & Resources Committee on all aspects of Escalation.***
- ***Noted the current position in regard to Safe Delivery of Care and Out of Hours.***
- ***Noted the Putting Patients First Report and proposed framework assessment.***
- ***Agreed a level of assurance for the Escalation P&R Committee.***

The purpose of the report was to highlight the recent full escalation update provided at the Performance & Resources Committee, referenced in Appendix 1, and highlight the update to the ‘Putting Patients First’ report.

Key points considered:

- The ‘Putting Patients First’ Report’s direction and metrics were updated to use the NHS England Well Led Framework in order to assess leadership and governance in relation to clinical outcomes. The framework would be utilised as a tool to support identification of strengths and weaknesses specific to Leadership and Governance across NHS Forth Valley.

- Following the NHS Forth Valley's approach to progress safety culture and the measurable change in the engagement with clinical governance and perception of safety, progress was made with Significant Adverse Events Reviews commissioned.
- The committee were reassured that Scottish Government colleagues were aware of the organisation's intentions in relation to culture, leadership, and governance, and that the impact and delivery was considered by the Performance & Resources Escalation Committee.

7.2 Safe Delivery of Care Update

The Clinical Governance Committee received the 'Safe Delivery of Care Oversight Report.'

The Clinical Governance Committee:

- ***Noted the new HIS Escalation Reporting template.***
- ***Noted the Oversight and Working group infrastructure in place to provide assurance to the Clinical Governance Committee and Board of the work being undertaken.***
- ***Noted the development of a whole system response.***
- ***Noted the development of the measurement plan to understand impact in areas which have not previously been measured.***

The purpose of the paper was to outline the conditions for progress and work undertaken with regards to the Safe Delivery of Care Project.

Key issues considered:

- The project continued to refine the measurement plan to understand impact, consistency of assurance mechanisms and early detection of concerns.
- Mental Health and Women & Children services were included in the membership of the Oversight group to ensure whole system Safe Delivery of Care and learning.

- Mock inspection visits were undertaken to obtain an objective review of every inpatient clinical area within NHS Forth Valley Royal Hospital, in order to correlate inspection findings with patient feedback.
- Committee members were made aware of the benefits of the mock inspections highlighting some areas who appeared to be compliant but required further support.
- Assurance was provided that there was confidence in the system where mock inspections identified areas of improvement which was well received by the Patient Representative Committee Members.
- The committee was advised that Public Partners were fully involved in the work streams of the oversight group to ensure the patient voice and experience was articulated.
- It was advised that the Chief Nurse and Clinical Nurse Managers had undertaken work in creating a consistent set of measures to generate performance data for the ward dashboards.
- Patient Safety Conversation visits would continue across inpatient areas.
- Following discussion, it was identified that the improvement journey was ongoing and would be captured transparently as part of the information available to Healthcare Improvement Scotland (HIS). It was recognised that the improvement activity was part of the continuous work of directed by the Oversight Group.
- Following discussion, committee members were reassured that the work of the Oversight Group not only addressed the HIS requirements but undertook further whole system activities to ensure wider safe delivery of care. Throughout the process there were agreed safety measures identified with a further mock inspection anticipated at the end of 2023.

7.3 Out of Hours Escalation Update

The Clinical Governance Committee received the ‘Out of Hours Escalation Improvement Plan’.

The Clinical Governance Committee:

- ***Noted the current position, challenges of the service and the work being progressed at this time.***

The purpose of the paper was to outline the ongoing work undertaken to provide an integrated person centred, safe, and sustainable Primary Care Out of Hours service.

Key points considered:

- The current position on work being undertaken as part of the Out of Hours (OOH) Improvement Plan and wider strategic planning work on integrating OOH services being progressed as part of the 'Reimagining Care Closer to Home' Programme was shared with the committee.
- It was noted that there had been a limited level of progress following the implementation of the Out of Hours (OOH) Escalation Improvement Plan.
- Concerns were raised over the continued difficulties experienced with recruitment and retention of GPs. The GP advert remained live and there was a potential for portfolio GPs to come into the service. Reassurance was provided that Sessional GPs were supporting the rotas and assisting with the on-call. An on-call system was implemented to provide a sessional GPs support if there was a mental health detention raised whilst no GP was onsite.
- Funding was allocated and a short life working group established to trial the 'To Take Out' pharmacy system which would be a pioneering provision for Scotland. However, it was noted that this would have to comply with the Human Medicines Regulations 2012 and the Misuse of Drugs Act 1971, it was agreed that the Director of Pharmacy would be fully cited on the discussions.
- The new Out of Hours Service Manager was due to commence at the beginning of December 2023.
- There were no OOH Significant Adverse Events however it was noted that the biggest potential

risk faced for the service was the lack of overnight GPs.

7.4 Letter from Michael Matheson MSP to NHS Board Chairs and Chief Executives

The Clinical Governance Committee noted the ‘Letter from Michael Matheson MSP to NHS Board Chairs and Chief Executives’.

The Clinical Governance Committee:

- ***Noted the letter sent from Michael Matheson MSP.***

Key points considered:

- The letter advised that well-integrated corporate and clinical governance was a fundamental element of a well-functioning healthcare system and asked that a review of clinical and staff governance committees should be undertaken to gauge their effectiveness.
- Healthcare Improvement Scotland (HIS) was updating the ‘Learning from Adverse Events through reporting and review framework. The letter asked for assurance that executive and clinical leaders were engaged with the work.
- The letter asked that iMatters questions relating to raising concerns were used to identify areas for improvement and aid meaningful discussions.
- The letter asked that staff were encouraged to use the whistleblowing arrangements to raise concerns, including about patient safety.

8. In Our Services, Was Care Safe in the Past?

8.1 Safety and Assurance Report

The Clinical Governance Committee received the ‘Safety and Assurance Report’.

The Clinical Governance Committee:

- ***Noted the current position, challenges, and quality improvements being made in relation***

to the specific SPSP measures and compliance with national targets.

- ***Noted that the Directorates were meeting to discuss clinical governance using the domains of the Vincent Framework to structure the agenda and topics at their Clinical Governance meetings.***

The Safety and Assurance Report provided data and narrative around specific Scottish Patient Safety Program (SPSP) work streams to support safety, improvement and reducing harm. The purpose of the paper was to support discussion and scrutiny at the Clinical Governance Committee.

Key points considered:

- The Committee were reassured that the report would continue to develop in order to provide better assurance.
- Hospital Standardised Mortality Rate (HSMR) had further reduced from the previous report of 0.98 to 0.93. It was noted that workstreams would continue to be reviewed through the working group.
- The Deteriorating Patient Leadership Group devised a driver diagram and project delivery plan for 2023-24.
- It was noted that an e-Obs system was key to support improved patient outcomes by escalating when patients were deteriorating. Reassurance was provided that work on the development of a business case was progressing at a quicker pace now that key individuals had been identified to progress the work.
- Cardiac Arrest Rate had increased to 2.32 per 1,000 occupied bed days since the previous report of 2.16.
- Overall Stroke Bundle compliance had increased from 56% to 57%, with significant improvement in swallow screen assessment.

- A new Pressure Ulcer Improvement and Incident Review Group (PUIG) had been established for the Directorate with specific aims and objectives relating to the reduction of unintentional harm.
- The rate of Falls with Harm for the reported period was 6.7% per 1,000 occupied beds.

- Pauline Beirne and Karen Goudie were commissioned to work with Louise Boyle to structure the falls work therefore an improvement was anticipated.

8.1.1 Hospital Standardised Mortality Ratio Update

The Clinical Governance Committee received the ‘Hospital Standardised Mortality Ratio Update’.

The Clinical Governance Committee:

- ***Noted the work being undertaken to establish any causative factors or HSMR being recorded above 1.***

The purpose of the paper was to provide assurance of the work being undertaken to establish any causative factors for the increase during that time period.

Key points considered:

- The information services department in NHS Forth Valley have undertook a profiling exercise to establish any causative factors which may have an impact on Hospital Standardised Mortality Rate (HSMR). The data that was to be collated was:
    - Age
    - SIMD
    - ICD10
    - Cause of Death
    - Specialty
    - Timeframe comparable to other years o Length of Stay
    - Delayed discharge
    - Readmission status

o If presented via ED- Triage category and frequency of attendances o Elective pathways

o Immediate Discharge Letter (IDL) information to primary care

- It was agreed that further causative factors would not be included at the time of the discussion in order to mitigate distorting the algorithm.
- Case note review was commissioned using specific criteria related to HSMR factors. • Clarity was provided that the crude mortality rate was collated and reviewed by NHS Forth Valley Acute Physicians.

8.2 Scottish Patient Safety Programme Mental Health Update

No presenter was available therefore the Chair advised that item 8.2 would be deferred to a future meeting.

8.3 Scottish Patient Safety Programme Update- Maternity

The Clinical Governance Committee received the ‘Maternity and Children Quality Improvement Collaborative (MCQIC) Report’.

The Clinical Governance Committee:

- ***Noted the Maternity and Children Quality Improvement Collaborative Report.***

The purpose of the update was to highlight the progress of the MCQIC programme as part of the Scottish Patient Safety Programme (SPSP), a national quality improvement programme that aims to improve safety and reliability of care and reduce harm. The focus of MCQIC is to improve outcomes for women, children, and babies across Scotland through robust sharing of data.

Key points considered:

- Through the use of quality improvement methodology and data sharing, the aim was to:

o Reduce stillbirth rates

o Reduce postpartum haemorrhage rates o Reduce neonatal mortality

o Reduce the separation of mothers and babies during postnatal care o Improve outcomes for preterm and term babies o Reduce harm in paediatrics

• The report highlighted the nationally agreed parameters which are shared monthly with

Healthcare Improvement Scotland.

• There were 3 stillbirths reported in April 2023, 2 of which were accounted as medical termination

of pregnancy due to fetal anomalies not compatible with life. It was noted that all stillbirths within NHS Forth Valley are reviewed.

• In response to spikes in the rate of severe post-partum haemorrhages (PPH), exceeding 2.5

litres, measures were put in place to promote a reduction in rates such as:

o The introduction Maximum Allowable Blood Loss (MABL) calculator to recognise those

women at higher risk of PPH and ensure prompt administration of blood products. MABL introduced in August 2019 and associated reduction noted.

o Prompt treatment with Tranexamic acid at litre of ongoing blood loss. o Compliance with national Pregnancy Related Anaemia Management (PRAMS) study

ensures antenatal iron levels monitored and optimised to reduce susceptibility to PPH.

• Fluctuation in the data of percentage of births with cumulative quantitative measurement of blood

loss reflected the move from paper to electronic notes on BadgerNet and individual practitioners recording blood loss in the wrong place. Assurance was provided that work continued to be undertaken to ensure better compliance with accurate electronic recording.

• Admission temperatures and implementation of Transitional Care as part of national Best Start model saw a reduction in term admissions to the neonatal unit. It was noted that unexpected term admissions to Neonatal Unit were reviewed at local Clinical Review Group meetings.

- The introduction of the improved warm bundle saw an ongoing reduction in rates of hypothermia within the Neonatal Unit.
- It was advised that the reason there had not been full overall compliance of Preterm Perinatal Wellbeing Package was often due to the unexpectedness of birth. In order to promote the overall compliance of the package, two junior doctors were appointed as Perinatal Package Champions.
- The committee were informed that there was only one recorded still birth associated with Covid 19 therefore they were assured that there were no demographic or public health concerns.

8.4 Healthcare Associated Infection (HAI) Summary

The Clinical Governance Committee received the ‘Healthcare Associated Infection (HAI) Summary July 2023’.

The Clinical Governance Committee:

- ***Noted the HAI Executive Summary report.***
- ***Noted the performance in respect of the Annual Operational Plan (AOP) Standards for Staph aureus bacteraemias (SABs), device associated bacteraemias (DABs), Clostridioides difficile infections (CDIs) and Escherichia coli Bacteraemia (ECBs). Noted the detailed activity in support of the prevention and control of Health Associated Infection.***

The purpose of the report was to provide oversight of the HAI targets (SABs, CDIs, DABs, incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Key points considered:

- All HAI targets remained within controlled limits, within the reported month there were:

- 1 hospital acquired SAB
- 3 hospital acquired DABs
- 4 hospital acquired CDIs
- No recorded MRSA or *C.difficle* associated deaths o No surgical site infections
- 3 Outbreaks were recorded (New Covid 19 variant which was prominent in Forth Valley)

- ARHAI Scotland reviewed NHS Forth Valley's data due to the increases seen last year and identified that NHS Forth Valley had been reporting infections from GP practices. Mandatory surveillance requires boards only to report patients who are admitted to hospital or have had a previous hospital admission in the last 12 weeks. The reported month's healthcare CDI case numbers reflected the change. In future reports, a separate graph of CDIs attributed to GP practices were to be included.

- Total ECBs remained within control limits with one hospital acquired ECB within the reported month. Work was ongoing as part of the ECB Support Framework.

9. In Our Services, Will Care Be Safe in the Future?

9.1 Deep Dive into SRR004 Scheduled Care

The Clinical Governance Committee received the '**Deep Dive into SRR004 Scheduled Care'.**

The Clinical Governance Committee:

- ***Endorsed the evaluation of the assurance provided.***

The purpose of the paper was to provide assurance in support of the Committee's role in maintaining an overview of the Strategic risks aligned to the Committee, specifically SRR004 Scheduled Care.

Key points considered:

- There were 5 controls in place for SRR004, with 5 further controls planned and underway.
- All current and further controls were assessed as ‘absolutely critical,’ ‘very important’ or ‘important’, which indicated little wasted effort/resource in applying incorrect controls.
- 3 of the 5 controls had been assessed as mostly effective, and 2 were assessed as partially effective. Where the controls were assessed as partially effective, the gaps were known and there were plans in place to address them.
- There were 29 strands of assurance activity taking place across all three lines of defence.
- NHS Forth Valley’s outpatient monthly activity rate had nearly reached pre-pandemic levels and sat very favourably against other Scottish mainland Health Board.
- Improvements in the length of stay for knee replacements resulted in NHS Forth Valley being placed at the lowest position in Scotland with a mean of 1.72 days stay.
- Despite a reduction in respiratory consultants, there was still an improvement in the Respiratory Medicine Times Data for New Outpatients from August 2022 until April 2023.
- There had been significant decrease in long waits for outpatients over 12 months from March 2022 until April 2023.
- The three main contributors of the risk SRR004 was the increase in demand due to population need and case-mix, workforce capacity and sustainability and, having no financial funding opportunities within the next 5 years.
- It was proposed that the score risk for SRR004 be reduced from 20 to 15 with a target of 10.

Actions:

- Explore what information is presented at the Performance & Resources Committee to gain clarity on the extent of data provided at the Clinical Governance Committee.

9.2 Risk Management Update Quarter 2

The Clinical Governance Committee received the ‘Strategic Risk Review Q2 2023/24’.

The Clinical Governance Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Clinical Governance risks.***
- ***Endorsed the Clinical Governance Strategic risks for Quarter 2 2023/24, for onward reporting to the NHS Forth Valley Board.***
- ***Approved the reduced of risk score SRR004 of 20 to 15.***

The purpose of the report was to provide an update to the Strategic Risk Register for Quarter 2 2023/24, with a focus on Clinical Governance risks.

Key points considered:

- There were 3 strategic risks aligned to the Clinical Governance Committee that were reviewed with the scores assessed using the revised risk assessment matrix.
- It was proposed that the risk score for SRR004 Scheduled Care be decreased from 20 to 15 following improvements.
- Processes were put in place to address the longest waits within the system. Improving access to diagnostics would further reduce potential for harm. Processes had been improved and efficiencies made within the service to ensure capacity was maximised. It was assessed that the likelihood reduced from 4 to 3. Patient Harm impacts had reduced through the Patient Prioritisation control, however there was still potential for significant patient experience impacts if patients had a long wait for services.
- The committee were advised that the quarter had not fully concluded however there were no anticipated changes that would require approval from the committee.

- Risks SRR002 and SRR016 remained static.
- Organisational, Directorate and Departmental Risks were being reviewed to update the scoring and capture the wider risk profile.
- A new draft strategic risk in relation to Prevention and Health Inequalities was devised where it was noted that it may be proposed for alignment to the Clinical Governance Committee.
- Regular update reports were to be provided on a quarterly basis, to effectively track and scrutinise risk mitigation progress and provide onward assurance to the NHS Forth Valley Board on the successful management of clinical risk.

9.3 Public Health Dental Update

The Clinical Governance Committee received the ‘Public Health Dental Update.’

The purpose of the paper was to provide an update on the dental access issue experienced both nationally and locally as described in the NHS Forth Valley Risk Register.

Key points considered:

- There has been an increase in the number of patient complaints and MSP inquiries, in addition to professional concerns over the ability for patients to access dental services.
- It was advised that while NHS Health Boards have governance responsibility for NHS patient facing services, they did not have operational responsibility for General Dental Services (GDS), which are delivered through independent dental contractors.
- There is a regulatory framework through NHS Scotland Terms and Conditions, Statement of Dental remuneration, the Dental Practice Inspection and NSS-Practitioner services for GDS financial probity and GDS clinical assessment – information is returned to Boards via Quarterly Payment Verification meetings.
- There had been a shift of balance between NHS and private as contractual dissatisfaction was

raised in the GDS. Furthermore, an overall reduction of dentists in the past 4 years had occurred. There had been an increased demand for NHS dentistry as well as a general increased patient expectation. The Public Dental Service saw the same workforce challenges as the GDS coupled with budgetary reduction, contractual rigidity as well as attempting to mitigate for the impact of the reduction in the GDS. There were many local mitigations as well as Scottish Government Payment Reform for Dentists, to be implemented on 1st November 2023.

- A reduction of GDS availability negatively impacted both dental and general health of the population with inequalities in oral health widening further. As pressure increased, there has been an overall reduction in dental examinations therefore reducing the possibility of oral cancer screening carried out during a routine dental examination. The reduction in routine examinations had resulted in an increase in more complex dental disease on presentation in the GDS with more referrals into PDS and Hospital Dental Service, and more complex treatment required for vulnerable groups.

- The committee were reassured that adverse events were considered at the General Dentist Performance Review Group, and that although there was no clear role for the Clinical Governance Committee in the governance arrangements, the independent dental contractors had robust governance processes in place. Work was ongoing to connect the Clinical Governance Committee and other independents contractors through the NHS Forth Valley Board.

- Following discussion regarding complaints, the committee were advised that complaints escalated to the Chief Executive are responded to with the support from Jennifer Rodgers.

Action:

- Determine the route of general dentistry complaints.

10. Is Our Care Person Centred?

10.1 NHS Forth Valley Person Centred Complaints and Feedback Report

The Clinical Governance Committee received the ‘Person Centred Complaints and Feedback Report.’

The Clinical Governance Committee:

- ***Noted the current position of the complaint’s performance within the organisation.***
- ***Noted the feedback activity across the organisation.***

The purpose of the report was to provide a comprehensive review of complaints activity across NHS Forth Valley taking into account the number of complaints received, local resolution, compliance with the 20-day national target, Scottish Public Services Ombudsman (SPSO) referrals and examples of actions taken following complaints.

Key points considered:

- The April 2023 – June 2023 20-day performance target was 60.2%, with the June performance at 56.7%.
- The performance for Stage 1 was 80.2%, and Stage 2 performance at 18.5% from 1 April 2023 – 31 June 2023.
- 8 complaints were under investigation by the SPSO. • 1 complaint was withdrawn.
- 1 complaint was upheld.
- The key themes and learning received from complaints were:
  - o Staff Attitude and Behaviour o Clinical Treatment/ Problems with Medication/ Prescribing o Waiting Time/ Date of Appointment

11. Are We Learning and Improving?

11.1 Significant Adverse Event Report

The Clinical Governance Committee received the ‘Significant Adverse Event Report’.

The Clinical Governance Committee:

- Considered NHS Forth Valley’s position on current Significant Adverse Event Reports (SAERs) with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.

The purpose of the report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key points considered:

- There were 49 SAERs at various stages of the process:
  - 6 newly commissioned
  - 12 previously commissioned still to commence
  - 10 in progress
  - 2 reports submitted for final approval
  - 2 awaiting an improvement plan and learning summary
  - 4 awaiting a learning summary only
  - 13 awaiting an action plan only
- A new process had been put in place to create learning summaries from SAERs.
- There was a delay noted in the briefing process which resulted in 5 SAERs out with the commissioning framework, one of which was 207 days out with the framework. However, assurance was provided that progress had been made and that a robust system was in place.
- Further assurance was provided on the awareness of the reasons contributing to commissioning delays and work was ongoing to address such delays.
- It was noted that as a result of SAERs being undertaken there would be significant organisational learning.
- Reassurance was provided in relation to complex SAERs and the impact they had on patients and

families. It was noted that the SAER team had been trained in compassionate communication and therefore possessed the skills to support families.

12. Are our Systems Reliable?

12.1 Internal Audit Outstanding Actions

The Clinical Governance Committee received the paper 'Internal Audit Outstanding Actions-Emergency Department External Review'.

The Clinical Governance Committee:

- ***Noted the work undertaken to ensure the recommendations from the Emergency Department review, with specific focus on Clinical Governance, have been actioned.***

The purpose of the paper was to provide assurance that the 14 recommendations for Clinical Governance were actioned appropriately.

Key points considered:

- All recommendations were noted within the report and a response was provided to note how each recommendation was considered and actioned.
- Following discussion, committee members considered the key areas that were actioned in response to recommendations:
  - Recommendation 2: Work was undertaken, with the support of organisational development, to undertake structured interviews with the Clinical Governance Committee members to assess their requirements. One of the outputs from this work was the development of an induction booklet and a facilitated workshop for Clinical Governance Committee members.
  - Recommendation 4: Clinical Governance Committee minutes were restructured in a

different format to support discussion and scrutiny to demonstrate assurance of safe and effective person-centred care.

o Recommendation 9: A Significant Adverse Event Review tracking system was implemented through the use of Pentana.

o Recommendation 11: Staff completing significant adverse event reviews undertook education and training in preparation for their role. It was advised that all reviews had a staff support member on the review group to align with national guidance.

o Recommendation 12: Emergency Department staff were educated on clinical governance, including professional and organisational duty of candour. A clinical governance webpage was also developed, with a dedicated section on duty of candour.

12.2 Medical Education Annual Report

The Clinical Governance Committee received the paper 'Medical Education Annual Report'.

The Clinical Governance Committee:

- ***Noted that there was no robust cover for the long stay medical patients in Emergency Department (ED), within the substantive consultant staffing cohort despite considerable ongoing efforts from the leadership and management team.***
- ***Noted that the issues related to flow and capacity at the front door continued to impact both patient safety and staff wellbeing, specifically junior doctors.***
- ***Agreed that a robust and demonstrable plan was required to ease front door issues prior to the Winter patient surge.***
- ***Noted that there was a need for the Health Board to engage with the Medical Education team around development of new accommodation facilities for the rising number of medical students mandated by the Scottish Government.***

•Noted that a discussion was required around other accommodation demands facing the Health Board in relation to International staff recruitment which was likely to expand to include International doctors and allied health professionals.

•Noted the findings of the Postgraduate and Undergraduate Medical Education reports that evidenced the high quality of Medical Education provided within NHS Forth Valley.

Key points considered:

- Committee members noted the following successes:
  - A Medical Education Representative and Rota Lead had been appointed.
  - The Doctors in Training Working Group completed a module induction.
- Whilst it was noted that there had been considerable progress to meet the NHS Education Scotland (NES) Action Plan requirements. The committee were made aware that the following areas captured in the Healthcare Improvement Scotland report remained unresolved concerns:
  - Medical cover of long stay patients awaiting a bed in ED.
  - Patient flow and capacity at the front door with the concern of losing high quality trainees due to pressures experienced.
- The committee were further advised of the following challenges experienced:
  - Issues faced with completion of Immediate Discharge Letters negatively impacted on patient safety and all staff including doctors in training. It was noted that work was undertaken to support a solution.
  - There had been an increase in doctors requesting to work part time at short notice therefore impacting support for trainees and rotas.
  - An increase in the number of International Medical Graduates (IMGs), despite a

multidisciplinary team being established to support incoming IMGs, it was noted that feedback from new IMGs highlighted that further improvements were required to optimise on boarding of international trainees.

    - Concerns over staff wellbeing following pressures experienced at the front door.

- Committee members were reassured that there were wider organisational processes in place to

deliver unscheduled care. Furthermore, there was effective clinical leadership and oversight from the Performance & Resources Committee.

- Following discussion regarding staff wellbeing in relation to unscheduled care pressures, the committee were advised that work around the concern was to be raised at the NHS Forth Valley Board.

Action:

- Provide Deanery report at Clinical Governance Committee on 14 November 2023.
- Provide assurance at November NHS Forth Valley Board meeting, prior to the Deanery visit in December.

13. For Noting

13.1 The Clinical Governance Committee **noted** Standards and Reviews Report.

13.2 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups:

13.2.1 Draft Clinical Governance Working Group Minutes 060723 **13.2.3** Area Prevention & Control of Infection Minute 190523

14. Any Other Competent Business

There being no other competent business the Chair closed the meeting.

15. Date of Next Meeting

Tuesday 14 November 2023 at 09:00, in the Boardroom, Carseview House.

NHS
Forth Valley

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Thursday 19 October 2023 at 11.00am

Present: Mr Martin Fairbairn (Chair)

Mrs Kirstin Cassells

Mr Robert Clark

Dr Michele McClung

Mrs Janie McCusker

Mr Allan Rennie

Attendance: Amanda Croft

Prof Frances Dodd

Ms Kerry Mackenzie

Ms Jackie McEwan

Mrs Sally McIntosh

Mrs Debbie McLeod

Mrs Gillian Morton

Mr Andrew Murray

Ms Rebecca Reid (minute)

Mr Scott Urquhart

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

Apologies were received on behalf of Mrs Patricia Cassidy.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Tuesday 15 August 2023

The minute of the meeting held on Tuesday 15 August 2023 was approved as an accurate record.

5. Matters Arising / Action Log

There were no matters arising. The action log was reviewed, noting that actions points 024 and 026 would be discussed under agenda item 7. Action point 025 should be removed from the action log as this should sit with the Performance & Resources Committee.

6. Escalation and Improvement Plan v2 Review

The Escalation Performance & Resources Committee considered the ‘Escalation and Improvement Plan v2 Review’.

The Escalation Performance & Resources Committee:

- **Endorsed the Escalation and Improvement Plan v2, subject to the Chief Executive being satisfied that:**
  - **the specific changes discussed in the meeting being addressed; and**
  - **the document is re-reviewed in detail to ensure that no material outstanding issues have been inadvertently dropped.**

Key Points:

- Mrs Sally McIntosh advised committee members that clear audit trails had been created with progressing to version 2 of the Escalation and Improvement Plan. Actions had been considered to determine those that could be formally closed out and those that required to be carried over assuring committee members that no detail had been lost when moving from version 2 to the new Assurance & Improvement Plan (version 3).
- Clarification was sought that all ELT objectives had been set and approved. The committee was advised that there were a couple outstanding as work was still being carried out to define these objectives. In addition, issues with TURAS were not allowing updates to the system. A fix around the system issue was being sought. Ms Croft advised that all actions would be complete by the next Remuneration Committee.
- In response to a question in respect of point 7 on page 3 referencing the completion of a measurement framework within ELT, confirmation was given that this had not been fully closed out despite trialling several approaches. The most recent approach was the Well Lead Framework which was piloted within Urgent & Unscheduled Care to support the creation of measurements on effective leadership.
- Committee was advised that conversations were ongoing against the ELT measurement framework, but it was important to highlight the progress that had been made specifically with escalation. A range of initial actions had been completed and consideration would be

given to measures to highlight this progress. Changes within the ELT structure opened the way for more conversations to be had and allowed for progress with relationships of ELT members.

- It was requested that wording be changed to reflect the position against existing actions as well as detailing the actions being carried forward to be included within the closure document.
- An error was noted on page 5 in relation to the positions filled bullet point which did not relate to the detail of the action. Amendment was requested.
- It was highlighted that some areas within the Performance Management section were to be carried forward. This should be clearly reflected, perhaps in a 'Foreword'.
- Page 14 detailed that the Measurement Framework was complete, but it was highlighted that the Escalation Performance & Resources Committee were yet to see the complete Measurement Framework. Assurances were provided that the Framework was still in existence. As the new Escalation and Improvement plan continued to be developed comparisons against the Measurement Framework would be carried out to ensure no detail was lost.

Actions:

- Amend the document in light of the comments above.
- The complete Measurement Framework to be brought back to a future meeting of the Committee.

7. Draft Assurance and Improvement Plan

The Escalation Performance & Resources received a presentation on the 'Draft Assurance and Improvement Plan'.

The Escalation Performance & Resources Committee:

- **Noted the presentation on the draft Assurance and Improvement Plan.**
-

Requested an update of the work being undertaken to further develop ELT be provided at a future meeting of the Staff Governance Committee.

- **Requested the full Assurance & Improvement Plan to be provided as a paper to the next meeting of the Committee.**

Key points:

- Ms Amanda Croft highlighted to committee members that the Assurance and Improvement Plan was of high priority in moving the organisation forward. Although the presentation showed the bare foundations of the plan, reassurance was given that ELT members had embarked on quality conversations and challenging each other in a positive manner to build on this fresh approach and allowing ELT to take better ownership of the plan.

- Consideration was given to the actions and the impact that should follow to refine the detail within each action point.

- A new development tool created by the Corporate Portfolio Management Office was being implemented to monitor progress and actions of the Assurance an Improvement Plan. The tool included high level actions broken down by Culture, Leadership, Governance and areas of performance which the SRO were asked to describe. Sub actions would be assigned to individuals with detailed timelines, reviewed weekly to ensure deadlines were being achieved and issues highlighted in a timely manner.

- An overview of the project delivery tool and a detailed account of the information that would be monitored within the document was provided. It was noted was that this would be an iterative document which builds on good governance and would allow for sufficient tracking of information and actions for auditing purposes.

- Mr Urquhart described how the use of the delivery tool allowed the organisation to highlight improvement and take accountability for actions. Within the Governance section there was 6 key actions with a further 10 sub actions. Detail of the 6 key actions and progression was shared with the committee noting that further work was required against the sub actions to ensure they correctly captured all the work being carried out.

- Prof Frances Dodd highlighted that there were 7 high level actions in relation to Culture with 12 sub actions. Key leads had been assigned to all sub actions with appropriate timescales that would continue to be monitored. An overview of the work against the 7 key actions was provided to committee members.
- Mr Andrew Murray advised the committee that 9 new actions were created regarding Leadership which were a result of open and honest discussions that had taken place at ELT. As the relationship amongst ELT members remained a focus within escalation it was important to be able to produce evidence of the work that had been carried out to build a successful team. Consideration was being given to whether work with OD remained the correct route to take as the outcomes that had been experienced so far were positive. It appeared some of ELT felt that this formal approach was no longer a necessity. The success of ELT and the improvements seen through necessary team building would reflect on the wider organisation.
- CAMHS, Psychological Therapies and Urgent & Unscheduled Care would remain a regular focus at the Performance & Resources Committee. The October meeting of the Performance & Resources Committee was scheduled to receive deep dives in both CAMHS and Psychological Therapies as well as an agenda item to discuss the Flow 1 work within Urgent & Unscheduled Care.
- The Territorial Sponsorship meeting that occurs twice annually had taken place with Scottish Government colleges on 17 October. There had been good discussion in relation to the performance areas aligned to escalation regarding the work that had been carried out whilst recognising that work would continue to drive improvement further.
- It was highlighted that work in relation to Integration would be considered within this plan due to the work that was still required to be undertaken in that area.
- Observations shared by committee members included that the structured and systematic approach with this plan proved encouraging of progression and appropriate measures being put in place. Although, as ELT relationships remained a large part of discussions, non-

executive members would appreciate a further update on the development of these relationships.

- The addition of an executive summary was requested to provide a summary of the report whilst articulating the challenges and anticipated outcomes of the actions and measures that had been discussed.
- The delivery and impact anticipated with the implementation of the Assurance and Improvement Plan should be experienced by all levels of staffing across the organisation.

Actions:

- Further update of the relationship progression within ELT to be provided through Staff Governance Committee.
- The full Assurance & Improvement Plan to be provided as a paper to the next meeting of the Committee.

8. Any Other Competent Business

Mr Fairbairn asked the Executive to reflect on the nature of the Committee, requesting advice on structuring of the Escalation Performance & Resources Committee to its next meeting.

9. Date of Next Meeting

Tuesday 14 November 2023, 2pm

NHS Forth Valley

PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 29 August 2023 at 9.30am, Boardroom Carseview House/MS Teams

Present: Mrs Kirstin Cassells

Cllr Fiona Collie

Mr Robert Clark

Mr Martin Fairbairn (Chair)

Cllr Wendy Hamilton

Ms Janie McCusker

In Attendance: Mr Jim Canon Ms Deborah Lynch

Prof Frances Dodd Ms Kerry Mackenzie Mrs Morag Farquhar Mrs Gillian Morton Mrs Janette Fraser Dr John Ratcliffe Ms Claire Giddings Ms Rebecca Reid (Minute) Ms Sharon Horne-Jenkins Mr Kevin Reith Mrs Sarah Hughes-JonesMr John Stuart (Items 8.1 & 8.2)

Mr Alastair Jack Mr Scott Urquhart

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Amanda Croft and Mr Andrew Murray.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Minute of Performance & Resources Committee meeting held on 29 August 2023

The minute of the meeting held on 29 August 2023 and was agreed as an accurate record.

4. Matters Arising from the Minute/Action Log

There were no matters arising from the meeting. The action log was reviewed. It was noted was that an update against action 020 would be provided under agenda item 7.1 and action 023 would be discussed at the December meeting of the Performance & Resources Committee.

5. Performance & Resources Committee Planner

The Performance & Resources Committee received the Performance & Resources Committee Planner.

The Performance & Resources Committee:

- **Noted the detail within the Performance & Resources Committee planner.**
- **Agreed the content of the planner reflected the remit of the committee.**

6. FOR APPROVAL

6.1 Carronshore Clinic - Declaration of Surplus Requirements

The Performance & Resources Committee received the ‘Carronshore Clinic – Declaration of Surplus Requirements’.

The Performance and Resources Committee:

- **Noted the position to date and agreed to declare the property surplus to the Board’s requirements.**
- **Noted that declaration of the property as surplus to requirements is in accordance with the Mandatory Requirements of the Property Transactions Handbook in relation to disposals and that the Committee is empowered to make such declarations per the Scheme of Delegation.**
- **Approved declaring the property as surplus to requirements.**

Key Points:

- This decommissioned building sits within a residential area and due to the building’s age, a number of issues would require to be resolved before being deemed as fit for purpose noting that there would be financial implications.
- Contact was made with Falkirk Council to determine if there was any local community interest in purchasing the building, noting that there had been no interest displayed at the time of this meeting.
- If there was no interest from the community, then in accordance with the property transaction handbook guidelines the Trawl process would be initiated.

7. BETTER GOVERNANCE

7.1 Escalation Update

The Performance & Resources Committee received a verbal ‘Escalation Update’.

The Performance & Resources Committee:

- **Noted the detail of the update received.**

Key Points:

- Work was underway to close out version 2 of the Escalation Improvement Plan with the initial draft of the version 3 Assurance and Improvement Plan produced. This version was formatted utilising and adapting the Corporate Portfolio Management Office project tool. The use of this format enables clear identifiable actions and accountabilities.
- Discussions would continue with ELT to determine the anticipated impact of the actions in place.
- Evidence to support the impact would be identified and captured within the template.
- The Escalation Performance & Resources Committee provided relatively positive feedback when the plan was presented at its most recent meeting.
- The Integration plan was noted to be as up to date as possible and Mrs Jillian Thomson was invited to speak about the decision making matrix work that was an integral part of the work in support of integration.
- The decision making matrix sets out the NHS Forth Valley and IJB governance to ensure appropriate processes are followed with the intention of creating clarity of decision making and to ensure no cut across. Further testing within services had taken place and it was found that there was some confusion around set aside, not in

scope and integrated functions. An education piece was required before initiating full implementation across the organisation.

- Those areas that present as a significant financial risk should be considered by ELT however as the threshold of financial responsibility within IJB was lower consideration should be given to making these thresholds consistent.

Action:

- Further update with regard to the work being carried out around the decision making matrix to be provided to the committee. This will be scheduled for the February meeting.

7.2 Annual Internal Audit Report 2022/2023

The Performance & Resources Committee received the ‘Annual Internal Audit Report 2022/2023’.

The Performance and Resources Committee:

- **Noted the outcomes of the 2022/2023 internal audit.**
- **Noted the action points of specific concern to the Performance & Resources Committee.**
- **Agreed that he actions set out in the paper are appropriate responses to the recommendations.**
- **Endorsed the proposed level of assurance provided.**

Key Points:

- The Annual Internal Audit Report 2022/23 was issued to the Audit & Risk Committee in October 2023. The Report provided detail on the outcomes of the 2022/2023 internal audit and the Chief Internal Auditors opinion on the Board's internal control framework.

- The three areas of consideration for the Performance & Resources Committee were

  Corporate Governance, Financial Governance, and Information Governance. Each area was presented with a number of recommendations, Corporate Governance received 4 all of which were noted as moderate risks, 2 recommendations were noted within Financial Governance, 1 of which low risk with the other being of significant risk. Information Governance had 3 recommendations all of which merited attention.

- The significant risk within Financial Governance was in relation to financial

  sustainability with the preparation of a sustainability action plan proposed. The intention would be to have the action plan completed by January for reporting to the February meet of the Performance & Resources Committee to ensure alignment with the financial work ongoing as well as the financial recovery work.

- An internal control evaluation report to review the recommendations would be

  anticipated by January.

- Following questioning it was confirmed that the Health Care Strategy that was being

  produced would need to align with the financial sustainability action plan.

Action:

- Sustainability Action Plan to be prepared and aligned to the Financial Plan for

  presentation to the Performance & Resources Committee in February.

7.3 Strategic Risk Register

The Performance & Resources Committee received the 'Strategic Risk Register'.

The Performance and Resources Committee:

- **Considered the assurance provided regarding the effective management and escalation of risks aligned to the Performance and Resources Committee.**
- **Endorsed the Performance and Resources Strategic risks for Quarter 2 2023/24 for onward reporting to the Forth Valley NHS Board.**

Key Points:

- The risks aligned to the Performance and Resources Committee had been reviewed during quarter 2 which resulted in a score reduction from 20 to 16 for SRR017 Environmental Sustainability and Climate Change. Although the score reduction meant this risk was in appetite it would remain on the strategic risk register for monitoring.
- All other risks aligned to the Performance & Resources Committee were noted to be static.
- The initial timeline for the action to develop the Healthcare Strategy under SRR014 was amended with the anticipated completion date now being March 2024.

7.4 Information Governance Strategic Risk Review

The Performance & Resources Committee received the 'Information Governance Strategic Risk Review'.

The Performance & Resources Committee:

- **Noted the progress made in managing information governance risk across NHS Forth Valley.**
- **Endorsed the re-calibration of information risks, the direction of travel, and the assurance evaluation**.

- **Endorsed the proposed level of assurance**.

Key Points:

- SRR.003 was assessed to be within risk tolerance, with a current score of 12. The work by Information Governance to reduce and manage this risk which resulted in positive feedback being received from external auditors was noted.
- A number of controls to manage the information risks were in operation, and assessed as being effective, however there remained some areas of weakness which would require further focus.
- Eight subcategories of information risk were identified through the information risk procedure. These were created with consideration of specific types of events which would result in the use of SRR003. Noted was that there were a number of controls in place to mitigate these information risks.
- Business as usual activities would be carried out within Information Governance to allow any risks to be highlighted as soon as they are recognised.
- To ensure targeted controls are effectively designed, the next step would be to better understand where NHS Forth Valley is most at risk from ineffective records management practice.
- It was confirmed that the criticality of each control in place had been assessed. • Work would continue to determine how the information that required to feed into this risk could be pulled from Pentana.
- Assurances were provided that effective lines of defence were in place.

8. BETTER CARE

8.1 Winter Planning Update

The Performance & Resources Committee received the ‘Winter Planning Update’.

The Performance and Resources Committee:

- **Noted the draft Forth Valley Whole System Winter Plan 2023-24.**
- **Noted that the winter plan will continue to evolve throughout the winter period.**
- **Noted that a response is awaited from Scottish Government to the Winter Checklist and that Forth Valley area winter leads will respond to feedback once received.**
- **Agreed that, subject to recognition of the performance challenges highlighted by Stage 4 Escalation, it was assured that appropriate were in place to support the winter period and beyond.**
- **Noted the areas of risk identified.**

Key Points:

- The whole system Winter Plan brings together the operational winter plans for the Clackmannanshire and Stirling and Falkirk HSCPs and NHS Forth Valley, along with plans relating to resilience, winter weather, vaccination programmes and the management of seasonal infections.
- The plan presented to the committee covered the period of December 2023 to March 2024 detailing specific arrangements for the festive period.
- Winter plans would constantly be reviewed and updated in response to the ever-changing system pressures, the impact of service improvements and developments in the delivery of services.
- A comprehensive review of activity, capacity, and demand data, primarily from winters 2021-22 and 2022-23 had been undertaken and dataset agreed which would form a winter dashboard.

- As the Scottish Government was seeking assurance ahead of the winter period a winter checklist was shared with all health and care systems for submission. NHS Forth Valley made their submission in September 2023. The winter checklist required a RAG status along with the rationale against each statement shared by Scottish Government.
- Majority of statements were seen to have a green RAG status with some amber which were a result of the areas in question still being within progress and not fully completed at the time of submission.
- Unlike previous years there had been no confirmation at the time of this meeting to any winter funding being allocated by Scottish Government.
- Committee members highlighted the level of honesty and transparency included within the winter checklist noting that it clearly detailed the challenges.
- Confirmation was provided that patient safety would remain a high priority as always with the use of the eRostering and safe care system to mitigate pressures within certain areas, and making staff moves where necessary to support areas.
- Context was provided against the winter funding allocation with Mr Urquhart confirming that Urgent & Unscheduled Care had received additional funding which would be used in the areas that required it most including to assist with pressures experienced over the winter period.

8.2 Urgent & Unscheduled Care Flow 1 Update

The Performance & Resources Committee received the ‘Urgent & Unscheduled Care Flow 1 Update’.

The Performance & Resources Committee:

- **Noted a sustained improvement in median time to triage in the ED and median**

time in the ED which started in June this year, likely as a result of the Flow 1 model.

- **Noted the challenges in data analysis caused by changes in data recording and due to how TrakCare is configured.**
- **Noted the next steps for the Flow 1 model and managing flow within the ED outlined in this paper, in particular the engagement with the Centre for Sustainable Development.**
- **Agreed while it was assured that appropriate actions were being implemented, it continued to be the case that the Committee could not provide assurance to the Board that overall progress or performance was acceptable.**

Key points:

- The aim of the Flow 1 model was early effective triage and assessment to reduce the amount of time Flow 1 presentations spend within ED or Minor Injuries.
- The expectation was to see an improvement in the Flow 1 EAS when a sustained improvement in median time to triage in the ED, and median time in the ED, started in June this year.
- The removal of planned attendances data meant that it was difficult to reflect any improvements.
- Current TrakCare configuration does not allow the recording of flow presentations.

  Flow was calculated using an algorithm based on patient diagnosis, but data highlighted that flow 1 presentations were not recorded properly which resulted in the algorithm requiring to be reviewed. There was an expectation that once this algorithm had been revied and corrected improvements within flow 1 would be presented.
- Questions were raised on whether there were other areas within ED or Minor Injuries

that should be of focus to achieve the 70% target or whether thought should be given to a more realistic target that could be achieved consistently. It was advised that until clarity is given with the data of Flow 1 it would be clear to demonstrate significant progress so the target would remain as is for now.

- Following a question on why consistency of data and performance appeared to be reduced at weekend it was confirmed that the weekend was considered as OOH so a full infrastructure was not in place for discharge process which was why the performance appeared reduced.
- Close work was being carried out alongside the Health and Social Care Partnership's to consider a whole system piece of work.
- The national Centre for Sustainable Delivery has been asked to support a piece of collaborative work in support of ED.
- A whole system reset, focusing on reducing the number of contingency beds in use in Forth Valley Royal Hospital, intensifying efforts to reduce the number of patients delayed in discharge or transfer, and strengthening arrangements to help prevent hospital admissions would commence on 13 November for a 3 week period. It is anticipated that this will support a return to manageable occupancy levels reducing pressure on the system and staff.

8.3 Child & Adolescent Mental Health Services Update

The Performance & Resources Committee received the 'Child & Adolescent Mental Health Services Update'.

The Performance & Resources Committee:

- **Noted that Child & Adolescent Mental Health Services remained a challenging area but recognised the work carried out to gain significant improvements.**
- **Endorsed the actions detailed within the presentation. •**

furtNoted that the achievement of the national target would remain a concern until her improvements could be seen, particularly in recruitment and retention of staff.

Key Points:

- At the end of September 2023, the RTT was noted as 35% for NHS Forth Valley which was significantly below the Scottish average of 73.8% for Q1. The RTT trajectory for Q3 of the financial year was anticipated to be about 60%. However, the ability to achieve this target was dependant on capacity and demand.
- Regular meetings were taking place to consider further work to drive improvement with achieving the RTT. Recruitment to the service remained a significant challenge noting that this could lead to further delays.
- In September 2023, there were 174 patients were on the wait list for their first appointment, noting that there were no patients waiting over 52 weeks and only 1 waiting over 36 weeks. Many patients had been waiting below 18 weeks.
- The number of patients waiting for their first assessment had reduced by 68% with the average wait improving from 39.5 weeks to 5.6 weeks.
- A total of 329 patients were on the treatment wait list, 3 of which had been waiting over 52 weeks and 20 waiting over 36 weeks. Many patients, 235, had been waiting less than 18 weeks.
- To assist with improvement the use of pentana would allow for real time data reporting. Work would continue to improve the data availability for activity performance monitoring with a particular focus on the clinician level data.
- Benchmarking against the data for other health boards who had implemented CAPA had been carried out to see what could be implemented within NHS Forth Valley.
- A proposal would be considered to amend first appointments to treatment focused

appointments to drive improvements in waiting times.

- Maximising clinical capacity remined a high priority within the service. Although staffing had increased to 13.3 WTE staff there remained 12 vacancy positions that required to be filled. Delays in filling these vacancies could be seen as a result of the 3-month notice period that was required. Failure to fill these positions resulted in heavier workloads for staff as the caseloads would be shared amongst them.
- Work was ongoing to drive recruitment to the sub speciality positions.
- Consideration would be given to the opportunities available to promote leadership roles across all banding to support staff retention.
- As CAMHS remined in high demand work was ongoing to increase access to digital therapies.
- To monitor whole system progress data reporting and assurance had been enhanced.
- A refresh of the engagement work plan would be carried out alongside service users, carers, and wider children's services.
- The achievement of the national target would always be caveated by staffing our ability to recruit and retain staff.
- Continued working with Helios would assist with some of the staffing gaps.
- Work was underway to understand the increase in sickness absences as this created further issues in achieving the RTT.

8.4 Psychological Therapies Update

The Performance & Resources Committee received the 'Psychological Therapies Update'.

The Performance & Resources Committee:

- **Noted the detail within the presentation.**
-

challenges Recognised that performance had now improved significantly, but that continued to increase.

- **Noted work would continue to reduce wait times despite staffing capacity issues.**

Key Points:

- It was noted that data was currently being managed through Pentana which was supporting the service to examine and utilise their data in a proactive manner.
- It was evident that there was a high degree of variation with performance against the 18 week referral to treatment standard.
- The NHS Scotland average for LDP standard within Q1 of 2023/2024 was 78.8% with NHS Forth Valley achieving an average of 74%. This meant that NHS Forth Valley was no longer the lowest performing mainland Health Board. The improvement from being the lowest performing to now being 8th reflected both local improvement work and the national challenges with consistently achieving the standard.
- Key actions which had contributed to the improvements noted were improvements within the use of data which included implementing Pentana, the use of TrakCare and considering clinician level data in which developments had been significant.
- Increasing the workforce capacity had proven beneficial noting the WTE for NHS Forth Valley was 27.2 per 100,000 which meant the organisation was closing the gap on the national average of 29.4 WTE per 100,000.
- Investment was exclusively for new demand and therefore did not have an impact on existing long waits. This investment has had a negative effect on core capacity due to internal staffing moves.
- Core capacity is expected to increase once slightly once all newly recruited staff take up post.
- Effective matched care meant that all patients referred to psychological therapies

would receive an assessment with a clinician to determine if this was the correct service for the individual and allowed for the accurate treatment options to be considered. Group options for treatment saw a reduction in waits although the wait for individual treatment remained lengthy with 386 people waiting longer than 52 weeks.

- The demand for the service continued to increase and as a result of capacity issues this had led to the accumulation of lengthy wait lists.
- Actions to improve waits within the service included reviewing and revising the referral criteria, expanding the quality improvement work to other teams, and creating a psychological services quality improvement driver diagram.
- Work would continue to drive consistent improvement within psychological therapies to achieve the national target.

8.5 Performance Scorecard

The Performance & Resources Committee received the ‘Performance & Scorecard’.

The Performance & Resources Committee:

- **Noted the current key performance issues.**
- **Noted the detail within the Performance Scorecard.**
- **Agreed it was content with the proposed level of Assurance.**

Key Points:

- A number of key areas of performance were discussed earlier in the agenda.
- At the end of September 2023, the number of patients on the waiting list for a first outpatient appointment reduced to 18,646 from 19,302 in August however the number waiting beyond 12 weeks remained static.
- 2,951 patients were waiting beyond the 6-week standard for imaging with 449 patients were waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan April to September 2023 is noted as 94% and 143% respectively.

- In August 2023, there had been a deterioration in performance against the 62-day target for referral following fist appointment which decreased to 62.6% from the July position of 73.6%. Assurance was provided that work was being carried out to support performance improvements specifically in respect of the urology pathway. It was noted however that low numbers impacted negatively on over percentage performance. The 31-day target continued to be achieved.

- September 2023 saw an improved performance in relation to standard delays which

  was reported as 63 which was a reduction from 72 in August. The total number of code 9 and guardianship delays was 43.

9. BETTER VALUE

9.1 Finance Report

The Performance & Resources Committee received the ‘Finance Report’.

The Performance & Resources Committee:

- **Noted the in-year revenue overspend of £7.9m reported for the first 6 months**

  of the financial year which reflects additional temporary workforce costs, increases in medicine expenditure, wider inflationary pressures and ongoing Covid legacy issues.

- **Noted the 2023/24 financial outturn forecast of £15.6m overspend against**

  budget, in line with initial financial planning estimates and at the higher end of the £10m to £15m risk range previously reported. The outturn forecast remains subject to confirmation of outstanding funding allocations, the impact of winter and potential year-end IJB risk-share arrangements.

- **Noted that delivery of a breakeven position at year end is increasingly unlikely**

  without significant change over the second half of the financial year, and that a three-year financial recovery plan is currently being developed with Acute Services colleagues.

- **Noted that delivery of the £25m savings programme remains broadly on track**

at this stage however this is largely non-recurring and further work is required to accelerate delivery of recurring savings schemes.

- **Noted a balanced capital position as at 30 September 2023 with a forecast break even against the capital resource limit.**
- **Supported the action being undertaken in terms of the acute services financial recovery plan.**
- **Overall, concluded that the financial position was very challenging and agreed that the Board should be clearly briefed on high risk of overspend for the current financial year.**

Key points:

- The 2023/24 financial plan approved by the NHS Forth Valley Board on 28 March 2023 set out an initial £40.6m deficit partly offset by a £25m savings plan, leaving a projected £15.6m residual gap for the year. Following a detailed review of the first six month of the financial year the projected residual gap remained the same.
- Reported was an £8m overspend within the first 6 months of the financial year noting that Acute Services were the department with the most overspend.
- Financial recovery plans, focusing initially on immediate actions to address the key areas of overspend within the acute services directorate, were being developed with the first meeting of the Financial Recovery Action Group scheduled for 1 November. This group would also consider actions to mitigate medium to long term financial risks.
- Savings that had been delivered so far were noted to be largely non-recurring sources which would still pose significant financial risk if recurring sources of savings were not achieved.

- An anticipated 3% savings challenge had been set by Scottish Government.

- Discussions as ELT had identified a number of invest to save opportunities which would be explored further before implementation.

Action:

- Acute service financial recovery plan update and monitoring to be provided at the December meeting.

9.2 Financial Sustainability Strategic Risk Review

The Performance & Resources Committee received the ‘Financial Sustainability Strategic Risk Review’.

The Performance and Resources Committee:

- **Endorsed the evaluation of the assurance provided.**
- **Noted the updated position in relation to the current and further controls.**

Key points:

- The report provided reaffirmed the actions in place to achieve financial sustainability.
- Two levels of assurance were provided, the first considered the internal environment which was reported as adequate with controls in place being partially effective. The second level of assurance considered the external factors in which the organisation has less control over the actions in place to mitigate the financial risks.
- It was noted that internal audit had reviewed the internal financial controls.

9.3 Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update

The Performance & Resources Committee received the ‘Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update’.

The Performance & Resources Committee:

- **Noted the updates for Capital & Infrastructure, Medical Equipment and Digital / eHealth.**
- **Noted the position with Whole System Planning.**
- **The Committee was satisfied that progress was being made against projects which were in the main proceeding as planned.**

10. FOR NOTING

10.1 Information Governance Group Minute 22/06/23

The Performance & Resources Committee **noted** the Information Governance Group Minute.

10.2 Emergency Planning & Resilience Group Approved Minute 28/03/23

The Performance & Resources Committee **noted** the Emergency Planning & Resilience Group Minute although Mr Robert Clark highlighted an inaccuracy under item 7.2 which would be discussed with the chair of the committee.

11. ANY OTHER COMPETENT BUSINESS

There being no other competent business the chair closed the meeting.

12. DATE OF NEXT MEETING

Tuesday 19 December 2023 at 9:30am in the Boardroom, Carseview House

NHS
Forth Valley

STAFF GOVERNANCE COMMITTEE

DRAFT Minute of the Staff Governance Committee meeting held on Friday 15 September 2023 in the Boardroom, Carseview House and via MS Teams.

Present: Mr Robert Clark

Mr Nicholas Hill

Mr Gordon Johnston

Mr Stephen McAllister (Chair)

Mrs Janie McCusker

Mrs Hilary Nelson

Ms Janet Sneddon

In Attendance: Mr Michael Brown Mr Jonathan Procter

Amanda CroftMiss Rebecca Reid (minute)

Professor Frances Dodd Mr Kevin Reith Mrs Margaret Kerr Mrs Linda Robertson Mrs Sara Mackenzie Miss Rachel Tardito Mr James O'Kane (Item 9.2) Mrs Jo Tolland

1. Apologies for Absence / Confirmation of Quorum

Apologies were received from Mrs Elaine Bell, Ms Linda Donaldson, Mr Cameron Raeburn,

Mr Allan Rennie, and Mr Scott Urquhart.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Draft Minute of Staff Governance Committee meeting held on 12 May 2023

The minute of the Staff Governance Committee meeting held on 12 May 2023 was approved as an accurate record.

4. Matters Arising from the Minute / Action Log

There were no matter arising from the minute. The action log was reviewed, and the below points were highlighted:

- Action 1 regarding the volume of papers was still a work in progress with delegation of lead being handed over to Mr Kevin Reith.
- The target date against Action 2 had been revised to allow more time for work to be considered due to Mr Reith only recently coming into his interim position.
- Action 3 completion of the attendance management dashboard was rescheduled for December 2023.
- A conversation was to be had between Mr Reith, Mr Robert Clark and Staffside colleagues to determine if this action remained relevant or whether work would be picked up through the governance report being carried out.
- An action from the meeting held on 7 July 2023 regarding non-framework agency usage was to be added to the action log.

5. Staff Governance Committee Workplan

The Staff Governance Committee received the 'Staff Governance Committee Workplan.'

The Staff Governance Committee:

- **Approved the Staff Governance Committee Workplan.**
- **Noted that the review of the workplan would be completed and presented at the next Staff Governance Committee meeting.**
- **Noted that all areas covered within the agenda were included within the current workplan.**
- **Agreed that the addition of a 'lead/responsible' column would be of benefit in relation to each item on the workplan.**

Key Points

- Work was underway to review the current workplan to ensure full alignment to the terms of reference and determine if all aspects of the work plan were within remit of the Staff Governance Committee with particular focus on the areas noted as 'TBC'.
- Mr Robert Clark confirmed that the Once for Scotland policy had been reviewed and alongside Mrs Linda Robertson a plan of action would be considered to share information with managers.
- A request was made for consideration to be given to incorporate a column specifically detailing the leads of each item within the workplan.

Action:

- Thought to be given to the inclusion of a lead column for each item.

6. ESCALATION

6.1 Escalation Update: Leadership and Culture (Speciality and Performance Reports)

The Staff Governance Committee received a verbal update on the 'Escalation Update: Leadership and Culture (Speciality and Performance Reports)'.

Key points:

- Mr Kevin Reith advised the committee that a more comprehensive update would be provided at the next Staff Governance Committee meeting.
- Actions as a result of annual inputs and audit outcomes were still under consideration with priority being given to aligning work with the performance management framework.
- A due diligence piece of work would be carried out to ensure that staff voices continue to be heard. Traction against this work was vital to ensure that staff remain feeling valued and heard as it continued to be a high priority for the organisation. Discussions took place to determine how feedback could be given to provide assurance that processes are being completed and that actions were being implemented.
- Noted was that although it was beneficial to hear referencing of staff voices being heard it remained important to ensure that instances where staff speak up or voice concerns are navigated through appropriate channels and ensure staff are satisfied with outcomes and receive the appropriate feedback.

6.2 Culture Change and Compassionate Leadership Programme

The Staff Governance Committee received a verbal update on the ‘Culture Change and Compassionate Leadership Programme’.

- Mrs Jo Toland shared the programme methodology with committee members detailing the key stages and timeframes for the Culture Change and Compassionate Leadership Programme.
- Scoping phase of the programme took place February-April 2023 with the diagnostic/discovery phase being completed between May-July 2023.
- At present the synthesis phase was in place to bring together all aspects of work and determine overarching themes from the previous phases as well as triangulating the data to allow for cross referencing of findings.
- A clear agenda for change and improvement report would be required to be shared with the NHS Forth Valley Board before progressing forward with the design phase. An aim for completion of the design phase was set for December 2023 which would then lead to the implementation phase.
- 17-18% of the organisation had engaged through the various routes that were implemented such as surveys, 1-1 interviews, focus groups and drop-in sessions, to provide feedback in relation to Culture and Leadership across the organisation as a whole.
- Feedback that had been received was noted as honest, open and candid resulting in powerful messages being heard from staff. To provide a true understanding of the challenges experienced and messages consideration was still being given on how best to present this information to the NHS Forth Valley Board.
- Work would continue with the communications department to ensure work with the

Culture Change and Compassionate Leadership Programme remained visible on the staff intranet.

7. FOR APPROVAL

7.1 Whistleblowing Update and Annual Report

Item 7.1 was taken further down the agenda due to timing conflicts for presenting.

8. STAFF GOVERNANCE STANDARD ACTIVITY

8.1 Staff Governance Report

The Staff Governance Committee received the ‘Staff Governance Report’.

The Staff Governance Committee:

- **Noted and discussed the content of the paper and appendices.**
- **Noted the progress of the Once for Scotland Policies**
- **Noted the progress of the Youth & Employability Framework**
- **Noted the latest position reported on staff absence against target.**
- **Noted the additional information requested on turnover rates within the suite of Workforce Information measures.**

- **Noted the progress of the Staff Governance Action Plans.**

- **Noted HR Resourcing update with the progress on the international recruitment program, moving forward into cohort 5 and the addition of AHP and medical posts.**
- **Noted the reduction in use of off framework agency nursing within NHS FV.**
- **Noted support for the implementation of erostering programme with the plan to extend the work until 2024 approved by ELT on the 4 September 2023.**

Key points

- Work was underway to further develop the workforce information and associated measures along with recent changes in leadership reporting would continue to evolve to support Staff Governance Committee members in their assurance role.
- The use of non-framework agency staff had decreased significantly although prison nursing remained a hotspot for usage but plans and processes were being produced to mitigate their usage.
- E-rostering had received the approval to recruit additional support. • Noted was that the appendices alongside this agenda item contained a dense amount of information and the committee were invited to contact the HR team directly if there was anything specific, they wanted to discuss.
- The timeline of reporting and responding to grievances was recognised as a lengthy process with KPI’s often not being achieved resulting in a lack of confidence from staff. Escalation processes were in place to avoid any grievances not being responded to, but conversations could be held to discuss what could be done to show further commitment to achieving the KPI standard.
- Work continued against the Youth Framework and Employability agenda. An

Employability Manager had been successfully recruited to post who will take forward work such as expanding the modern apprenticeship programme into other areas of the organisation.

8.2 Speak Up Initiative Report

The Staff Governance received the ‘Speak Up Initiative Report’.

The Staff Governance Committee:

- **Noted the activity of the Speak Up service.**
- **Noted the requirement to recruit and train further Speak Up advocates and a further Speak Up Ambassador.**
- **Noted the work which will be progressed to develop and deliver a speak up improvement programme.**

Key points:

- The Speak Up service was launched in December 2021 as a confidential, impartial service delivered by trained advocates and ambassadors. It operates alongside the Whistleblowing Standards, where the Speak Up Ambassadors serve as confidential contacts.
- Due to the resignation of 4 Speak Up advocates there would be a requirement to fill these positions along with an additional Speak Up Ambassador as from September there would only be one ambassador in the role.
- Work to further align the Speak up service and Whistleblowing would be undertaken.
- Despite the reduction in resources the reporting being received was noted as manageable providing assurance that work would not fall under the radar which would be reiterated to staff to make them aware the service remined available.

- Previous reporting to the Staff Governance provided deep oversight of the situation in hand regarding speak up service so could extend invite to Pauline Donnelly to attend and provide further update.

8.3 Equality and Diversity Workplan

The Staff Governance Committee received the 'Equality and Diversity Workplan' update.

The Staff Governance Committee:

- **Noted the contents of this paper.**
- **Noted the progress update on the implementation of the Equality & Inclusion Strategy "Everyone Means Everything" 2021-25.**
- **Noted the progress report for publication at the end of the month.**

Key points:

- This progress report for the NHS Forth Valley Equality and Inclusion Strategy (2021-2025) would be published in September 2023. This remained within the timeline form the previous year's report. The aim remained of publishing the updated plan and objectives In April 2024.
- Recognition was given to the work carried out within the immunisations team who had made significant progress against inequalities in relation to the Autumn/Winter Vaccination Programme.
- Staff Wellbeing services and the Equality and Inclusion service were aligned to allow for a wider range of support to staff and patients being offered.
- Staff networks would continue to be created and developed throughout the year to

not only provide staff a place to connect and source support but to enable to organisation an insight and perspective on diversity and inclusion issues where improvements could be implemented.

- Work would be carried out to ensure awareness was raised on the staff intranet of the Minority Ethnic Network.
- Linkage with Public Health Scotland and internal colleagues would continue to ensure involvement from a public health perspective be incorporated.

Item 7.1 was taken at this point in the agenda.

7.1 Whistleblowing Update and Annual Report

The Staff Governance Committee received the ‘Whistleblowing update and Annual Report’.

The staff governance committee:

- **Noted Whistleblowing performance in NHS Forth Valley in Quarter 4 of 2022/23**
- **Approved the Whistleblowing annual report 2022/23**

Key points:

- Activity against the Whistleblowing service remained lower than anticipated whilst work was being undertaken with the aim of strengthening the infrastructure.
- The number of confidential contacts and lead investigators across the organisation would be increased and additional training would be provided using new resources that were made available by the INWO to support staff training and development.

- It had been recognised that there was a need to give further attention to senior manager training to ensure staff are undertaking the training most appropriate to their role and there continues to be a focussed approach in this area.
- Further work was required to streamline raising concerns as business as usual to avoid the requirement of Whistleblowing services as this should be seen as a last resort. The whistleblowing network meeting would discuss trajectories of anticipated training requirements at the next meet.

Item 8.5 was taken at this point in the agenda.

8.5 Safe Staffing

The Staff Governance Committee received the ‘Safe Staffing’ update.

The Staff Governance Committee:

- **Noted the update and the confirmed timeline for the implementation of the Health and Care (Staffing) (Scotland) Act 2019** ***(Appendix 1).***
- **Noted the requirements for the Q2 report to the Scottish government for October 2023** ***(Appendix 2).***
- **Noted the introduction of a whole system governance structure.**

Key Points:

- A governance structure was introduced across NHS Forth Valley to implement the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).
- Full implementation of the Act was due to be in place by April 2024 with NHS Health

Boards being able to demonstrate how the anticipated duties had been achieved. Recognition was given to the vast amount of work that would be required to fully implement this Act across the organisation.

- Agreement was obtained at the oversight group for implementation of the legislation that the approach should be whole system and therefore membership would be offered to the Chief Social Work Officers.
- Staffside colleagues noted that they would be keen to provide support and understand that a whole system approach would be require. Also noting that it would be vital to release communications at the earliest convenience to provide staff of all levels with an awareness of what would be required.
- Ms Sara Mackenzie confirmed that a draft system wide risk assessment had been generated which would be reported to both the Health and Social Care partnerships and local Councils.
- Noted was that the legislation does not apply to all staffing groups.
- Quarterly reporting to the Scottish Government was ongoing. Output from the governance processes would inform the reports moving forward ensuring a multi-disciplinary, Forth Valley wide approach would be reflected in future returns.
- The financial year of 2024/2025 would be operated in shadow format with official reporting beginning in the financial year 2025/2026.

8.4 Staff Support and Wellbeing

The Staff Governance Committee received the ‘Staff Support and Wellbeing’ update.

The Staff Governance Committee:

- **Noted the content of this paper.**

- **Noted that the one-year-on reflection and evaluation of Our Workforce Wellbeing Plan.**
- **Noted that financial wellbeing support continues to be the most frequently asked request.**
- **Noted the feedback and next steps resulting from the three staff surveys carried out earlier in the year.**
- **Noted the work of the Minority Ethnic Network and that work continues to progress to establish further staff networks and groups.**
- **Noted the adoption of the staff support and wellbeing workstream into the Equalities team and the positive impact this will have.**
- **Noted the encouraging response to the staff awareness sessions and outreach work underway in relation to community and out-of-hours staff.**

Key points:

- Reflection was given on the work that had been carried out in the year since the publication of the Workforce Wellbeing Plan.
- Wellbeing events had been well received across the organisation and work would continue to plan future events.
- Requests related to the cost of living crisis were being received at high volumes.

  Therefore, communication with external partners would continue with the hope of hosting additional financial related sessions whilst also using internal resources to develop the opportunity for support through the implementation of an app that all would be able to access.

- To ensure the fundamental requirements of wellbeing are implemented fully work would continue with managers to ensure all tools required to support staff wellbeing are known and utilised.
- Remit of Staff Wellbeing was now aligned with the Equality and Inclusion work which would allow for shared outcomes and priorities and allowed for additional resources and access to a wider network.
- Findings from the staff surveys that had been circulated throughout the organisation were shared with committee members.
- Staff in partnership with Scottish Government colleagues hosted a session on 'Caring for those who care for others' at the NHS Scotland Event which was well received and allowed for connections to made with other organisations and colleagues.

8.6 Update on Organisational Development including Learning and Education

The Staff Governance Committee received the 'Update on Organisational Development including Learning and Education'.

The Staff Governance Committee:

- **Noted the contents of this update and receive future updates on these and other areas.**

Key points:

- The iMatter cycle for 2023 was now complete noting a good response rate which had increased in comparison to previous year. Doctors and Dentists in training operate on a different cycle so preparation was underway which would be live 13 October.

- The NHS Forth Valley Board report was received for the optional questions that were

included to focus on staff confidence in raising concerns in the workplace. Feedback was positive and resembled the scores that were seen at directorate level. Due to these questions being optional and to ensure anonymity was maintained these results would not be fed into local team reports and only reported at Board level.

- In partnership with staffside the Organisational Development team were providing support to teams within Acute Services to support culture and team effectiveness.
- The 2023 Staff Awards event had been rescheduled to 15 November 2023.
- The volume of PDP/PDR’s that were yet to be started within Turas was recognised as a disappointing figure although it was reiterated that work would continue to encourage compliance.
- Noted was that training and education was a main factor being considered when building the dashboard.
- Action plans created following iMatter results could be built into the performance reviews to ensure conversation and conclusion of actions were not lost sight of.
- Work was required to understand the increase of sickness and absence and whistleblowing concerns although the results seen within iMatter do not correlate with these figures.

9. RISK MANAGEMENT

9.1 Strategic Risk Register

The Staff Governance Committee received the ‘Strategic Risk Register’.

The Staff Governance Committee:

- **Considered the assurance provided regarding the effective management and escalation of Clinical Governance risks.**
- **Endorsed the Clinical Governance Strategic risks for Quarters 1 and 2 2023-24, for onward reporting to the Audit and Risk Committee and NHS Board.**

Key Points:

- Presented was an update to the Strategic Risk Register for Quarters 1 and 2 2023-24, with a focus on Staff Governance risks. Two quarters were being presented to ensure that the risk information ultimately provided to the Board would be up to date and supports active governance.
- During quarter 1 and 2 the risks remained static. • Noted was that the controls in place against SRR019 Culture and Leadership were partially effective as the subject of the review was constantly evolving and it was not possible to pre-empt the discussions of the focus groups.
- The risk SRR009 Workforce plans had been reviewed and a s a result the untreated score was increased to a 5 due to the unsustainable reliance on supplementary staffing.
- There were 9 planned actions against the risk register that were due within the next 12 months.
- Conversations took place regarding the repercussions of using ‘WhatsApp’ to discuss work related issues as recently discovered at another health Board. Sara agreed to pick this up with Sara Hughes-Jones offline and the potential of releasing further communication with staff on this issue.

9.2 Health & Safety Quarterly Report

The Staff Governance Committee received the ‘Health & Safety Quarterly Report’.

The Staff Governance Committee:

- **Noted the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley**

Key points:

- A HSE visit took place following the death of a patient that was reported by the Procurator Fiscal although confirmation was given from HSE that they were satisfied with the account and documentation provided and had no intention on pursuing the matter further.
- 6 events were reported under RIDDOR, a decrease of 3 from Q4 and a decrease compared to that reported in Q1 for the previous 3 years. 1 event reported was a major incident and another an occupational disease.
- A total of 1989 non-clinical adverse events had been reported within quarter 1 making up 65% against the total number of adverse events reported.
- 87% of adverse events were reported within 3 days of the occurrence, an increase of 1% from Q4. 58% of adverse events were reviewed within the 9-day target, an increase of 1% from Q4, however, this remained below the KPI standard.
- The unreviewed adverse events were a focus of the health and safety department and due to work carried out outstanding adverse events saw a 35% reduction to 241. 33 of these events awaiting the managers form were dated 2020/2021.
- Reporting on violence & aggression incidents exceeded the upper tolerance level with an increase of 35% from Q4 and a 47% increase in comparison to the same period the previous year.
- Training compliance against in-person manual handling increased to 81% whilst in-person violence & aggression training achieved 66%. Both categories remained below the 90% compliance target.
- 7 audits had been undertaken by the health & safety advisers in Q1 and 1 audit had

been deferred to Q2. The average compliance score of these audits was 51% with scores ranging between 29% and 88%. A total of 83 control books had been audited had been audited up to Q4 with 63% of control book holders having provided an update against outstanding actions. Acute services were noted as only having submitted 1 response of the 32 audits that had been completed, discussions took place at the acute services health & safety committee meeting to determine how feedback could be improved.

- The health & safety committee recently reviewed they health & safety strategy to consider actions that were outstanding.
- An information system had been developed as a standalone tool which had been well received and would be shared with the Staff Governance Committee in due course.
- Concerns were raised from committee members regarding the compliance against violence & aggression and manual handling training and noted the requirement of implementing work at pace to increase compliance.

10. For Noting

10.1 Culture Change & Compassionate Leadership Oversight Board Minute 09/08/23

The Staff Governance Committee **noted** the Culture Change & Compassionate Leadership Oversight Board Minute.

10.2 Area Partnership Forum Minute 18/07/23

The Staff Governance Committee **noted** the Area Partnership Forum Minute.

10.3 Acute Services Partnership Forum Minute 16/05/23

The Staff Governance Committee **noted** the Acute Services Partnership Forum Minute.

10.4 Estates and Infrastructure Partnership Forum Minute 02/03/23

The Staff Governance Committee **noted** the Estates and Infrastructure Partnership Forum Minute.

10.5 Joint Staff Forum Clackmannanshire & Stirling HSCP Minute 03/05/23

The Staff Governance Committee **noted** the Joint Staff Forum Clackmannanshire & Stirling HSCP Minute.

10.6 Health and Safety Committee Minute 09/05/23

The Staff Governance Committee **noted** the Health and Safety Committee Minute.

10.7 Assurance on Patient Safety letter from Michael Matheson MSP

The Staff Governance Committee **noted** the Assurance on Patient Safety letter from Michael Matheson MSP.

11. ANY OTHER COMPETENT BUSINESS

Mr Stephen McAllister as acting chair thanked Mr Jonthan Procter for his commitment to the Staff Governance Committee as this would be his last meet.

There being no further competent business the chair closed the meeting.

12. DATE OF NEXT MEETING

Friday 15 December 2023 in the Boardroom, Carseview (hybrid)

NHS
Forth Valley

AREA PARTNERSHIP FORUM

24 October 2023

DRAFT Minute of the Area Partnership Forum meeting held on 19 September 2023 at 3pm, via MS Teams.

Present: Robert Clark, Employee Director (Chair)

Amanda Croft, Interim Chief Executive (Co-Chair)

David O'Connor, Regional Officer, Unison

Frances Dodd, Executive Nurse Director

Gillian Morton, Director of Women & Childrens and Head of Midwifery Hilary Nelson, RCN

Janet Sneddon, RCM

Jonathan Procter, Director of Facilities & Infrastructure Karren Morrison, UNISON

Margaret Kerr, Head of Organisational Development

Nicholas Hill, GMB

Scott Urquhart, Director of Finance

Yvonne Myler, College of Podiatrists

In Attendance: Linda Robertson, HR Service Manager for Staff Governance & Workforce

Julie Mitchell, Recruitment Manager

Claire Kerr, Site Manager, Health Records Services

Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management

Andrew McGown, Head of Estates

Sandra Drinkeld, HR Manager for Corporate Services

Karen Goudie, Director of Nursing

Sarah Smith, Corporate Services Assistant/PA (minute)

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Introductions were undertaken for the benefit of the Interim Chief Executive, Amanda Croft, noting this was her first meeting.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 22 August 2023

The note of the meeting held on 22 August 2023 was approved as an accurate record subject to the following amendment: Page 5, Section 10.2, paragraph 5 – ‘Occupational’ to ‘Operational’.

4. Action Log

02 NTC – Mr Jonathan Procter confirmed there was no organisation-wide accommodation review. Acute accommodation work was being led by Mr Jim Cannon, Head of Acute Services. Mr Procter would link in to provide Facilities and Infrastructure support. Challenges were recognised in several areas with impact on staff recognised and a need to maximise assets throughout the organisational. Hot-desking was discussed but could be a challenge for Neuro-divergent staff. **Action: Mr Procter**

06 Facilities Time – On Agenda, so item would be marked as complete.

11 Speak Up Ambassador role – Ms Frances Dodd, advised aim was to understand the interplay of the Ambassadors role and Whistle Blowing contacts and whether they should be separate or integrated. It was noted Confidential Contacts had increased significantly from 2 to 12 within NHSFV. The priority remained to ensure staff had access to the right people and skills, with a further meeting to take place with HR. Action to be amended to reflect the discussion. **Action: Admin**

15 HSS Global Citizens Taskforce paper – Item to be deferred to the next meeting.

16 Absence Management – Completed. July figures circulated and August data on the

Agenda.

17 Finance – Mr Urquhart confirmed project resource had been secured from Scottish Government with an intent to prioritise a review of product variation and cost awareness. Initial focus would be on medicines, prescribing and procurement, which would be aligned with Climate priorities. A group was being established with membership noted. Further detail would be circulated to the next APF meeting around the approach, methodology and the priorities for this work. **Action: Mr Urquhart**

18 Covid Memorial – Ms Morrison confirmed the action was around a meeting with Mr Scott Urquhart to agree a procurement process. **Action: Mr Urquhart/Ms Morrison**.

5. Matters arising from the minute/action log

There were no further matters arising from the minute or action log.

6. FOR APPROVAL

6.1. Job Evaluation

The Area Partnership Forum considered two papers, the NHS Forth Valley Job Evaluation Policy and the Job Evaluation Procedures, presented by Ms Julie Mitchell, Recruitment Manager, Human Resources, supported by Ms Hilary Nelson, RCN.

Previous presentation to APF was noted, with papers were now being presented for final approval. Ms Mitchell reiterated the changes made, noting a focus around terminology and ensuring alignment of local and National process. The new protocol around ‘job sharing’ had been included, which would enable job descriptions to be shared between Boards without the need for full evaluation. This aimed at reducing evaluation numbers and delays. The protocol for escalation to STAC was included in both circulated papers.

There was discussion around the quality of Job Descriptions being received through the Job Evaluation System. Ms Mitchell noted she and Ms Nelson would lead training sessions around process and writing job descriptions. This would commence with Operational HR and dates had been circulated. Further organisational roll out would then be undertaken.

The need for additional panellists was noted with current provision of 7 for Management Side and 8 Staff Side. Ms Nelson confirmed that although titles of managers and staff side were provided, a diverse range of staff were being sought from all areas and Bandings. Training would be delivered in December with anticipated 10 places for each side. An intensive week would then take place, where existing panellists would be shadowed. APF were also requested to support staff in being released to participate in the training.

An administrator post had now been filled which would aid in streamlining of process. Further resources were being discussed with the Interim Head of Human Resources in recognition of the significant work required.

Following a request at the last APF meeting, detail was provided around the number of jobs within the system. For Corporate there were 88 jobs, with 71 new posts awaiting evaluation. For all other Directorates, including Partnerships, there were 90 job descriptions and 197 jobs waiting on the Job Evaluation process. A caveat was noted around Job Evaluation panels having been on hold for some time. Also, due to the volume of change within the organisation, a review would be required to ensure posts were sitting within the correct Directorate. A recommendation was therefore made to APF that the current figures be disseminated to a nominated person within each Directorate, this would ensure appropriateness and to confirm the submission Managers remained the same.
Action: Ms Mitchell/Ms Nelson

A significant number of new jobs were recognised, noting many were created during Covid. Review was required as some may not have been advertised and were no longer required. It was also confirmed that following previous APF agreement, indicative bandings would not be given.

Ms Frances Dodd, Executive Nurse Director, proposed inclusion of professional sign off prior to evaluation. This would ensure professional requirements were met and a strengthening of the process by ensuring information was fully signed off by the organisation and the individual. The APF recognised the need for clear Governance, and it was agreed an action would be taken forward to discuss a potential process. **Action: Ms Dodd/Ms Nelson/Ms Goudie/Ms Mitchell**

The APF thereafter approved the presented papers, with a caveat around the discussion around professional input/sign off.

6.2 Facilities Time Procedure

The Area Partnership Forum considered a paper ‘Facilities Time Procedure’ presented by Ms Hilary Nelson, RCN Accredited Steward.

APF were advised of the aim to establish a process for structured facilities time, noting none currently existed. This could cause significant delays and have financial implications.

It was noted some reps were waiting in excess of 12 months for approval.

Ms Nelson highlighted an amendment to be made within the paper, under ‘Key Issues…’

‘ *full time official in the Trade Union*’ should read ‘*relevant Trade Union will write to the HR Director stating who they wish to have out on facilities, how much is required and the reasons for this* .’

The paper proposed a 6-week turnaround which was felt to be sufficient time to allow the HR Director to approach the area, assess impact and determine backfill and financial requirements. Following this a written response would be provided. The APF would also receive feedback on requests made which would enable discussion around any challenges.

The Chair confirmed the National Partnership Agreement stated there should be backfill for partnership working. Discussion had taken place with Ms Amanda Croft around the annual submission on facilities time that was made to Scottish Government. This was also recognising the Board had been escalated for Governance. It was confirmed the request did not relate to ‘ad hoc’ facilities time.

A proposal was made for the APF to have oversight for all Facilities Time agreed by APF. This would ensure the organisation received assurances around the investment in Trade Unions.

It was also confirmed there was no specific budget allocated for Facilities Time. On secondment, there was an opportunity to backfill posts with budget/cost implications written off. The totality of this was dependent on Banding and background of posts There was an expectation for a Rep to have a gradual increase for reps before a request for full-time allocation. The benefit of local negation was recognised in supporting reps.

Ms Amanda Croft confirmed she was supportive of the proposal, recognising the need for a process with built in controls. This could be built in through the APF update. The timeline was key and a 6-week timeframe was felt to be reasonable, with potential for future flexibility. It was confirmed this would support the organisation in providing an audit trail and ensuring yearly submissions were accurate.

Ms Nelson highlighted ongoing work around development of an app that would aid in recording facilities time. The APF would be kept updated on progress.

The APF recognised the significant support staff side reps provide to the organisation. Ms Linda Robertson confirmed she would welcome the paper, noting previous negotiations were undertaken on a year by year basis. APF approved the paper with the caveat that Mr Kevin Reith would require to confirm agreement with the 6-week timeline. **Action: Ms Nelson**

6.3 **Radiology Secretaries** (taken after Item 5)

After initial presentation, the Area Partnership Forum confirmed there was no organisational change within the request and APF approval was not required.

Ms Karren Morrison noted several papers being received by the APF that had no organisational change implications. It was proposed additional messaging be provided to managers to confirm organisational change related to a change in role/base or Terms and Conditions.

Ms Amanda Croft thanked Ms Morrison for the clarity and confirmed this issue could be discussed during the future Agenda setting process. **Action: Ms Croft/Mr Clark**

Ms Linda Robertson confirmed she would take an action to discuss this with Elaine Bell and Mr Kevin Reith, noting previous discussion with Mr Clark. **Action: Ms Robertson**

7. BETTER CARE

7.1 Performance Report

The Area Partnership Forum noted the Performance Report.

Ms Amanda Croft advised discussion would be taking place around the format of this information and how it should be presented to the Committee. **Action: Ms Croft/Mr Clark**

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum received the Finance Report presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart advised of significant financial challenges being experienced which included a continued monthly overspend of £1m against the budget. At the end of month 5, position was £5m overspent and it was unlikely break-even would be achieved. The Executive Leadership Team were being provided with regular updates.

Underlying causes of supplementary staff included absence, vacancies, and additional supplementary beds across the system. These drivers were creating an unaffordable level of spend for the organisation and clear measures, controls and grip were required around these areas. Financial pressures were also noted around inflation in some of the main contracts as well as medicines and energy costs.

Unregistered agency nursing (Clinical Support Worker Grade) would end in December, with hope to aid the position. Ms Frances Dodd confirmed focus on substantive staff with utilisation of bank, excess hours and overtime to the best advantage of the organisation. APF's support of substantive staff was confirmed.

Mr Urquhart noted the need for a clear recovery plan over the next 6 months, with discussions being held with Acute Services. This plan would highlight a range of specific actions to further mitigate these financial pressures.

The APF noted the update and recognised similar challenges being experienced by all Boards in Scotland.

9. BETTER WORKFORCE

9.1 Absence Management

The Area Partnership Forum received a paper "Absence Management" presented by Ms Linda Robertson.

For August, the absence position increased to 7.05% (+0.5%). Long term was 4.59% with the APF noting limited variation over previous months. Significant work had been undertaken to develop an Action Plan to look at this area, with support, management, and resources. Ms Robertson advised she would liaise with Ms Elaine Bell with an expectation output from this would be returned to the next meeting. **Action: Ms Robertson**

Consistency in absence management was discussed, to ensure staff were supported in returning to work at the earliest opportunity. Reassurance was provided that NHS Forth Valley was in line with the rest of Scotland.

An increase in ‘unknown causes’ reasons for absence had been seen, however following contact with all managers, the figures reduced by 50%. The APF recognised that the accurate recording of absence reasons was key in ensuring staff were appropriately supported.

Sickness absence rates by job families noted a change over the last few months with support services becoming the highest area for absence. This has been mentioned at the Facilities and Infrastructure Partnership Forum and further work would be undertaken.

The APF noted the update and highlighted the potential to revisit previous successful work around absence.

10. BETTER GOVERNANCE

10.1 Review of Governance by Prof John Brown, Chair of NHSGG&C

The Area Partnership Forum received a verbal update led by Mr Scott Urquhart, Director of Finance. He confirmed the first strand of ongoing work was the external review of Governance being led by Professor John Brown. This had been further delayed and was expected early October.

The second strand was around the Governance Self-Assessment which was being externally facilitated. This was in progress and had been issued to Board members and Executive Leadership Team members.

A Board Development Day was being held on 25 October 2023 and it was hoped that both reviews would be available at this time.

The APF noted the ongoing regular updates.

11. FOR NOTING

11.1 Briefing note - Reinforced Autoclaved Aerated Concrete (RAAC)

The Area Partnership Forum received a Briefing Note on Reinforced Autoclaved Aerated Concrete (RAAC) presented by Mr Jonathan Procter, Director of Facilities and Infrastructure. Ms Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management and Mr Andrew McGown, Head of Estates, had also joined the meeting.

A brief background was provided, noting NHS Scotland had identified 470 buildings in scope, due to either age or type of building. However, this did not confirm these buildings had RAAC. Properties were listed on the public website of NHS Assure and significant press coverage was noted. NHS Forth Valley had 9 buildings in scope and reassurance was provided no inpatient accommodation was affected.

Mr Procter confirmed that additional detailed surveys would now be undertaken under the national programme, being project managed by Currie & Brown for NHSS Assure. The scheduled date for NHS Forth Valley surveys commencing being 23 October 2023. Previous surveys by a Structural Engineer had been undertaken with no RAAC found.

APF members had no questions and noted the update.

11.2 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum received a paper "Update on Organisational Development, Learning & Development, Learning & Education Priorities" presented by Ms Margaret Kerr, Head of Organisational Development, Learning and Education.

iMatter for Doctors and Dentists in Training would go live on 30 October 2023. All other area had completed the 2023 cycle.

Ms Kerr advised local culture work was ongoing within Acute Services. Work was ongoing with the Chief Nurse to work with Senior Charge Nurses to agree Action Plans and local OD support.

Staff Awards would take place on 15 November 2023 with invitations being issued shortly and Leading for the future, Cohort 13 would commence tomorrow.

For the Compassionate Leadership Programme, work was due to commence on the design phase which would focus on working with members of the Executive Team in addition to the Culture Team. This would enable mapping of the current position against desired goals and progression. Prior to this, the Board Report was planned for 3 October 2023. Engagement events would then take place. Reassurance was provided that the design phase would build on the current culture team and any staff involved would be included.

The APF noted the update.

11.3 Circulars and Policies

The Area Partnership Forum noted the Circulars and Policies, specifically Item 4 which referred to Easter 2023 and confirmed Easter holidays would be taken from the 2024 allowance. Mr Clark advised he would ensure Serco were notified. **Action: Mr Clark**

12. ANY OTHER COMPETENT BUSINESS

Sturrock meetings – Ms Karren Morrison highlighted concern that meetings were not taking place and a Terms of Reference had not been established. The significant importance of this area was recognised.

Ms Amanda Croft reported on discussion with Mr Robert Clark recognising this was a non-negotiable area with report on recommendations required. An action was taken to provide a fuller update to the next meeting. Ms Morrison requested this include timescales. **Action: Ms Croft**

Whatsapp – Janet Sneddon sought clarification around what mechanisms were being put in place to stop staff usage of this app. Ms Linda Robertson advised of the development of ‘Loop’ which would allow staff access to eRostering. The utilisation of MS Teams was also an option and available to all staff with an email address. It was noted Mr Michael Brown, Head of HR – Resourcing, had provided a briefing to Staff Governance.

Jonathan Procter - Mr Clark noted this was his last Area Partnership Forum. He was thanked for his wise words and the significant work to set up and maintain the Infrastructure and Facilities structure. The fantastic input provided around the Health & Safety Improvement Notice was also recognised.

13. DATE OF NEXT MEETING - Tuesday 24 October 2023 at 2 pm, via MS Teams

NHS
Forth Valley

AREA PARTNERSHIP FORUM

21 November 2023

Minute of the Area Partnership Forum meeting held on 24 October 2023 at 2pm, within the Boardroom, Carseview and via MS Teams.

Present: Robert Clark (Chair)

Amanda Croft, Chief Executive (Co-Chair)

Annemargaret Black, Chief Officer Clackmannanshire and Stirling Integration Joint Board

Frances Dodd, Executive Nurse Director

Gillian Morton, Director of Women & Children/Midwifery Hilary Nelson, RCN

Janet Sneddon, RCM

Jennifer Borthwick, Director of Psychology

Karren Morrison, UNISON

Kevin Reith, Interim HR Director

Laura Byrne, Director of Pharmacy

Linda Robertson, HR Service Manager for Staff Governance & Workforce
Lindsay Walker, Dietetics

Margaret Kerr, Head of Organisational Development

Nicholas Hill, GMB

Sacha Brown, Physiotherapy, Unison

Scott Urquhart, Director of Finance

Yvonne Myler, Royal College of Podiatry

In Attendance: Phyllis Wilkieson, Chief Nurse for Acute Services Directorate (for Jim Cannon, Interim Director of Acute Services)

Julie McIlwaine, Acting HR Service Manager for Operational Team
Morag Farquhar, Interim Director of Facilities & infrastructure Sara McEleny, HR Manager, Emergency Care & Inpatients (Shadowing)

Elaine MacDonald, Service Manager for Operational HR Sarah Smith, Corporate Services Assistant (minute)

1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: Patricia Cassidy; Gail Woodcock; Jim Cannon; Jen Borthwick.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Partnership Forum meeting held on Tuesday 19 September 2023 (Taken after Item 11.1)

The minute of the APF meeting held on Tuesday 19 September 2023 was approved as an accurate record.

4. Action Log

The Action Log was reviewed and would be updated as follows:

02 Accommodation Group re-established. Request for staff side rep to attend.

COMPLETE

11 Speak Up Ambassador role – meeting arranged for 08/11/23. 15 Further work required prior to APF Presentation. COMPLETE 17 Finance – Cost Awareness Group will meet 01/11/23. Paper to next meeting. 18 Memorial – date of meeting agreed with update to next APF. 19 Job Evaluation professional sign off – meeting arranged for 02/11/23. Job Sharing

Protocol was now live with pro forma in place and this will be offered to Managers making new requests. Communication being made with managers who have jobs awaiting evaluation with request for prioritisation. Not in place of review which was internal process.

20 Facilities time procedure – Kevin Reith agreed with 8-week response time. 21 Action focussed around Agenda setting meetings which were in place.

COMPLETE

22 Performance Report – Noted APF dates were out of performance report cycle.

Meeting to take place with Kerry Mackenzie to discuss content and format for APF.

23 Absence Management – Item was on the Agenda. COMPLETE 24 Robert confirmed he has notified Serco of Easter Holiday position. COMPLETE 25 Sturrock update – Kevin to meet with Robert to review actions and work required.

To be brought to future APF following discussion with those involved previously. Would then come to APF with timeframes tbc.

26 Job Evaluation dissemination of figures – work was currently underway noting

need for management around requirements.

5. Matters arising from the Minute/action log

There were no items highlighted.

6. Escalation Update (taken after Item 8.1)

The Area Partnership Forum received a verbal update on Escalation, provided by Ms Amanda Croft, Interim Chief Executive.

Ms Croft informed the APF that the first Assurance Board was held on 27 September 2023, with Scottish Government Representatives being Christine McLaughlin (Chair); Fiona Hogg; Robert Kirkland and Angie Wood. Ms Croft and Janie McCusker, Board Chair, represented NHS Forth Valley. The next meeting would be on 27 October 2023 and significant work was being led by ELT to close Version 2 of the Improvement Plan. Extensive work was also ongoing around the new format for the Assurance and Improvement Plan with various Governance routes to be followed prior to this being shared with the Assurance Board and final plan for approval being made to the Board on 28 November 2023. Ms Croft then proposed a presentation be made to the next APF providing an update on the plan. It was recognised there was a need for this document to be shared across the organisation in a meaningful way. **Action: Amanda Croft**

The APF were advised by Mr Scott Urquhart that the format utilised a more project based Corporate Programme Management Office (CPMO) approach to the actions required. This had resulted in a more concise version with clarity seen around actions, delegation and timescales. Alignment with the ‘well led framework’ was noted with key lines of enquiry as a basis of approach.

Ms Karren Morrison confirmed Staff Side had been asked to consider engagement with staff and this discussion was undertaken. The challenge in engagement was recognised a need for people to observe the impact and measurement of the actions. Ms Croft confirmed this was a key requirement from Scottish Government.

The aim was for any future improvement plan to be developed with staff. This had not been possible in this case, but the CPMO format would enable the document to be interactive, intuitive and live. The support of staff side was also recognised and acknowledged.

7. BETTER CARE

7.1 Winter Plan (this was taken after Item 2)

The Area Partnership Forum received a verbal update on the whole system Winter Plan presented by Ms Janette Fraser, Head of Planning. This was separate from the Acute Winter Plan which would be brought to the Acute Forum.

The whole system plan provided wide oversight and brought together the Acute and Partnership Winter Plans, as well as related actions including resilience; winter weather; vaccination programmes and seasonal infections. The time period covered was December 2023 to March 2024 and specific festive arrangements were incorporated. The plan was dynamic and would be updated to reflect key changes, such as system pressures etc. Learning from previous years had also been analysed and there was an outline of routine and additional operational arrangements for the winter period.

Scottish Government forwarded a Winter Checklist with a request for organisations to rank themselves against a provided RAG status. The position for NHSFV was positive overall with explanation provided around amber areas. Feedback from Scottish Government was awaited.

Ms Fraser then provided detail around the plan’s content, noting areas of focus and learning. The plan covered a significant number of areas, with specificity noted around Respiratory Pathways and Seasonal Infections (Flu; Covid; RSV and Norovirus). The plan also noted the approach to identifying those most at risk within the Community to enable tailoring of services. A focus on communication was also highlighted.

Following discussion, Ms Fraser took an action to confirm staff side involvement in the whole system Winter Plan.

Action: Janette Fraser

The Draft Plan would be circulated to APF members with a request for comments to be provided to Ms Fraser.

Action: Admin

8. BETTER WORKFORCE

8.1 Update on Organisational Development Priorities including Learning, Education and iMatter (taken after Item 5)

The Area Partnership Forum received a paper presented by Ms Margaret Kerr, Head of Organisational Development.

Ms Kerr advised the Go Live date for Doctor and Dentists in training iMatter was 31/10/23. For the rest of the organisation, publication of National Report was anticipated at end of November. Action Plans were currently 61% with a year on year improvement being seen. Timeframe for the 2024 cycle was noted in the report, noting similarity with current year. Comments and feedback were welcomed from the APF.

In terms of Compassionate Leadership, the synthesis had been completed with Board Report to be presented to the Open Session of the Board on 27/11/23. Attendees were to be confirmed. Staff side involvement was recognised as pivotal to the improvement work.

Requests for Mediation were increasing with Mr Robert Clark suggesting this may be linked with the work around early resolution of grievances. Group Mediation was also being requested which was not currently offered by the Board, but exploration around training was underway. Linkage was ongoing with other Boards around mentoring and coaching with assurance APF would be provided with regular updates.

Ms Kerr also advised that final preparations were underway for the Staff Awards which would take place on 15/11/23.

It was also reported that Noelle McKay commenced as Employability Manager on 10/10/23.

The APF noted the update provided.

8.2 Attendance Management (taken after Item 6)

The Area Partnership Forum received a paper presented by Ms Linda Robertson, HR Service Manager for Staff Governance & Workforce.

Ms Robertson provided the September position noting an improvement to 6.92% (7.05%). An error was noted on page 4 which reported Clackmannanshire and Stirling had the highest sickness absence and Prison Healthcare was the lowest. In fact, Corporate was the lowest. The paper would be amended and distributed to APF. **Action: Linda Robertson**

On page 5, the highest job family was Nursing and Midwifery unregistered at 11.38%, followed by Support Services. Significant work was being undertaken to support unregistered nurses as part of the staff health and wellbeing.

In terms of sickness rate by reason, anxiety stress and depression at 29.62%. Mr Robert Clark confirmed that the Executive Leadership Team had agreed to continue to support continuation of the Psychological Services for staff. This would be for an 18-month initial phase.

Ms Jennifer Borthwick, Director of Psychology, noted the high absence rate within Clackmannanshire and Stirling, specifically around anxiety stress and depression. An early-stage discussion was ongoing with Occupational Health around a new pilot, to potentially offer drop-in services and support the embedding of peer support within the inpatient units. If a formal proposal was forthcoming, this would be brought to the APF. The proactive nature of the work was praised by the APF.

Due to significant work undertaken, ‘Other Known Causes Not Elsewhere Classified’ was now the lowest absence reason.

National figures had just been received and were not within the paper, these were provided verbally for August as 5.78%, so NHS Forth Valley were above the National average.

Ms Laura Byrne, Director of Pharmacy, requested an amendment on page 17, where it reads ‘Other Therapeutic’ that this be retitled as ‘Pharmacy.’ Ms Robertson confirmed she would review.

8.3 Absence Action Plan

The Area Partnership Forum received a verbal update provided by Ms Linda Robertson, Human Resources Service Manager.

The Attendance Management Action Plan was developed in April 2023. This was a full document with a number of actions already completed.

Reassurance was provided around the development of Key Performance Indicators and an Absence Management Dashboard. Contact had been made with other Boards to discuss best practice and sharing learning. The Senior Charge Nurse Focus Group had met to look at good practice.

Monthly audits had commenced in August 2023 with the HR Operational Team and it was proposed outputs to be brought to the next meeting. A working group has been established to look at temporary placements which had been a long-term discussion area. The aim was for this Plan to be updated and brought back to the next APF meeting. **Acton: Linda Robertson**

Mr Kevin Reith, Interim Director HR praised the proactive approach being taken by NHS Forth Valley. The need to for focussed attention and challenge was recognised.

The APF noted the update.

9. FOR NOTING

9.1 Circulars and Policies

The Area Partnership Forum noted the Circulars and Policies as presented.

10. FOR APPROVAL

10.1 Christmas & New Pay Arrangements

The Area Partnership Forum considered a paper presented by Linda Robertson, Human Resources Service Manager.

The paper outlined the arrangements for the Festive period which were in line with previous years. The Area Partnership Forum approved the proposal. Ms Robertson confirmed she would advise Payroll and a message would be added to the Staff Intranet.

11. BETTER VALUE

11.1 Finance Report (this was taken after Item 7.1)

The Area Partnership Forum received a paper presented by Mr Scott Urquhart, Director of Finance.

Mr Urquhart confirmed the Board’s financial position remained concerning, with month 6 reporting an overspend of just under £8m. The forecast for year end was a potential overspend of £15-£16m against a budget of £840m (2%). It was confirmed there was a statutory requirement for NHS Boards to deliver financial balance.

Mitigating actions were discussed with a financial recovery action plan being prepared, focussing on immediate actions within Acute. This was the area of highest financial pressure. This would be a 3-year plan which would align with the 3-year Financial Plan.

Work was also focussing not only on cash savings but opportunities to improve productivity and efficiency. It was noted ELT had supported continued funding for Occupational Health Services to deliver support for staff with aim to reduce absence. A number of ongoing risks within the system were noted, which would require to be managed over the next few months.

A letter had been received from Scottish Government which outlined clear expectations around the Board’s financial planning. This included a 3% recurring savings target on baseline budgets and to present an improved forecast outturn position as part of next year’s financial plan (<£15m).

A meeting had been arranged with Scottish Government around the Cost Awareness Programme, with a substantive update being brought to the next APF. **Action: Scott Urquhart**

APF sought clarification around the proposed investigations noted in the paper around increase in supplementary staffing over August. Scott confirmed a continued increase in September, with a prepared for the P&R Committee on 31/10/23. For 2023/23 overall supplementary staff costs were £35m; for 2023/24 spend was around 40% increase on previous year. Detail was provided around contributing factors and ongoing actions. Mrs Frances Dodd, Executive Nurse Director provided an update around staffing and work ongoing to address areas of challenge, including a focus on all areas of Governance. The need for balance around patient and staff safety and financial constraints was recognised.

The APF recognised the difficult financial position and thanked the Finance team for their ongoing work. It was noted the APF would continue to support any measures required to improve the financial position of the Board. The challenging position was reflected in Board's throughout Scotland.

12. BETTER GOVERNANCE

No papers

13. ANY OTHER COMPETENT BUSINESS

Ms Hilary Nelson highlighted issues around Annex 21. This had also been raised at the Terms and Conditions Group. It was confirmed 2 Boards in Scotland had taken action against staff being financially disadvantaged following the recent pay awards. It was noted there were now 2 outstanding grievances that could not proceed as an organisational decision was awaited. Mr Kevin Reith confirmed he was aware of the issue and would speak with Ms Nelson outwith the meeting.

Ms Annemargaret Black advised that Ms Amanda Croft had commissioned 5 separate priorities. This was in response to the significant pressures on staff and poor experience by some patients. Workstreams had been established with Executive, Management and Clinical Leads. Mr Robert Clark had been invited onto the Group that would progress this work. Some areas were connected to the Programme Board for Unscheduled Care, however these were more operational priorities on winter preparedness and site decompression. The areas of focus were:

• Creating a more robust whole system daily huddle • Frailty at the front door workstream • Review of patients with length of stay beyond 2 weeks, noting a data issue around

people being placed on delayed discharge list for social care that have not been discharged

• Contingency bed closure

• Multi Disciplinary Team Ward round model

The need for consistent and substantive action was recognised with Mr Robert Clark confirming local staff side would be involved in all decisions made from the start of the work. A robust Communication Plan would be required and a Comms colleague would be invited to the weekly meeting. Ms Karren Morrison noted challenge around previous culture with reiteration of the need for staff side from the start of this work. Ms Annemargaret Black confirmed a weekly meeting with the Executive Leads, with the next meeting tomorrow. It was proposed that expectations of staff side be reflected.

A stocktake of actions required had been undertaken with a plan on a page for each of the 5 workstreams. This would outline Leads and timescales.

APF Frequency – It was agreed the current monthly frequency would continue.

14. DATE OF NEXT MEETING

It was noted that the next meeting was scheduled for 5 December 2023. Mr Robert Clark confirmed it would be preferrable to have a meeting in November with another just before

Christmas. Proposed dates would be sought. **Action: Admin**

Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 21 June 2023 at Ceteris, Alloa Business Centre and MS Teams**

PRESENT

Voting Members

Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley Councillor Danny Gibson (Vice Chair), Stirling Council Councillor Martha Benny, Clackmannanshire Council Councillor Wendy Hamilton, Clackmannanshire Council Councillor Janine Rennie, Clackmannanshire Council Councillor Rosemary Fraser, Stirling Council

John Stuart, Non-Executive Board Member, NHS Forth Valley Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley Gordon Johnston, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Annemargaret Black, Chief Officer, IJB and HSCP Ewan Murray, Chief Finance Officer, IJB and HSCP Narek Bido, Third Sector Representative, Clackmannanshire Alan Clevett, Third Sector Representative, Stirling

Louise Murray, Carers Representative, Stirling

Eileen Wallace, Service User Representative, Stirling

Dr Kathleen Brennan, GP Clinical Lead, HSCP

Marie Valente, Chief Social Work Officer, Stirling Council

Abigail Robertson, Staff Representative, Stirling Council

Lorraine Robertson, Chief Nurse HSCP

Paul Morris, Service User Representative, Clackmannanshire Robert Clark, Employee Director, NHS Forth Valley Helen Duncan, Third Sector Representative, Stirling

Advisory Members

Lesley Fulford, Senior Planning Manager, HSCP

Heather Buchanan, Resources & Governance-Legal Services, Clackmannanshire Council

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement Sandra Comrie, Business Support Officer (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

Mr Rennie explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Mr Rennie advised that Third Sector Representative, Anthea Coulter, was due to step down from the IJB. He acknowledged her drive and contribution on behalf of the Third Sector which would be missed.

Apologies for absence were noted on behalf of:

Helen McGuire, Service User Representative, Clackmannanshire
Councillor Martin Earl, Stirling Council

Cathie Cowan, Chief Executive, NHS Forth Valley Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Anthea Coulter, Third Sector Representative, Clackmannanshire
Andrew Murray, Medical Director, NHS Forth Valley Lorraine Robertson, Chief Nurse HSCP

Carol Beattie, Chief Executive, Stirling Council

Nikki Bridle, Chief Executive, Clackmannanshire Council

2. NOTIFICATION OF SUBSTITUTES

There were no notifications of substitutes noted.

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. CASE STUDY

A short film about the Riverbank Centre and Streets Ahead Coffee Morning 20 year Anniversary was shared with the IJB.

The service users had been supported to run a popular coffee morning in Bridge of Allan for nearly 20 years and it was agreed it showed a great example of people integrating, coming together, and supporting each other while also having fun.

5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

The Chair noted that as Item 12 was an exempt paper it would be considered at the end of the meeting.

He also highlighted the Strategic Planning Group meeting which had taken place the previous week. There had been interesting discussions on prevention and value based care and commissioning to support people along with the financial challenges that all IJBs would face.

Clackmannanshire & Stirling
Health & Social Care
Partnership

5.1 ACTION LOG

Noted the following actions were now complete:

- Summary of Directions following the 2023/24 IJB Initial

  Revenue Budget. Mr Murray also advised that whilst the Directions Policy had been developed and considered during the pandemic it had been approved by the Board subject to its implementation being proportionate and seeking to add value to decision making and strategic alignment. It was noted further development work would now be required alongside the Strategic Commissioning Plan delivery plans being considered in draft by the Board today.

- A special Audit and Risk Committee meeting to consider the

Annual External Audit Plan had taken place on 17 April 2023.

6. MINUTE OF MEETING HELD ON 29 MARCH 2023

The Integration Joint Board approved the draft minute of the meeting held on 29 March 2023.

Mr Clark asked whether Committee Terms of Reference had been amended and reissued to Committee members, as agreed at the 29 March meeting. As this had not been done Ms Black agreed it would be included as an action for this meeting.

7. CHIEF OFFICER UPDATE

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black provided an overview of the content of the report and highlighted work still outstanding which included the investment plan, performance framework, and the risk register. Ms Black confirmed there was still a commitment to get these done.

Scottish Government Assurance Board on 25 A whole systems “deep dive” on unscheduled care was presented to the th April 2023 and then at an NHS Forth Valley Seminar on 9 th May 2023 to ensure all Health Board members could see the significant progress being made. This was presented at the IJB development session, held on 29 June 2023, to ensure all decision makers understood the challenges and progress in this area of work. Ms Black requested that copies of the presentation were sent to all IJB members.

Ms Black confirmed The World Health Organisation had declared Covid-19 no longer represented a "global health emergency", which was a major step towards ending the pandemic. Delays supporting people to live in their own homes, or care homes, continued to be a cause for concern as there were still a lot of elderly people with complex needs. Delayed discharge information showed that since December 2022 there was approximately a 43% reduction in standard delays.

Ms Black was pleased to advise that HSCP staff and representatives had joined the National Trauma Training Programme. The Programme provides accessible, evidence-based trauma training resources, including a leadership development component, as well as a team of Implementation co-ordinators to support all sectors of the workforce to embed and sustain trauma-informed practice.

As the Third sector representative, Anthea Coulter would be stepping down from her IJB role after today. Anthea proposed Les Sharp as Third Sector Representative as per the Ms Blacks Chief Officer report. The IJB agreed to this nomination.

Ms Black confirmed the work to review of the Integration Scheme had commenced between the three Constituent Authorities, to discuss if anything needed to be changed. David Williams, a former Chief Officer, now working for Scottish Government was also supporting this work.

Ms Black requested that the key messages within the Accounts Commission Report on Local Government in Scotland 2023 regarding Adult Social Care be taken into account by IJB members when considering papers on proposals for services and how sustainable they can be within the current operating environment.

Ms Black added that people across Scotland were being invited to have a say on how a new National Care Service should work, and dates of the planned events were listed in the report.

The IJB discussed resource capacity, the feedback from the NHS Forth Valley Assurance Board, timescales involved in the review of the Integration Scheme, and the work to maximise staffing for Psychological Therapies with support from the Third Sector. Ms Black suggested a development session, or deeper dive at a Finance and Performance Committee, could be arranged in the future to explain the Psychological Therapies Local Delivery Plan in more detail.

Finally, Ms Black explained it continued to be a challenging and busy operating environment for leaders and teams across the HSCP and thanked everyone for their ongoing hard work to support the public.

The Integration Joint Board:

1) Noted the content of the report.

2) Noted partners signing up to the National Trauma Training

Programme pledge and training available through National Education Scotland.

3) Approved Les Sharp as the third sector member representative on

the IJB.

8. ANNUAL PERFORMANCE REPORT 2022-2023

The Integration Joint Board considered the paper presented by Ms Annemargaret Black, Chief Officer.

Ms Black explained that the report went to the Finance and Performance Committee on 31 May for consideration and approval for submission to the IJB. The purpose of the report was to ensure that the IJB fulfils its responsibility to oversee effective monitoring of the services it commissions and funds.

The report included a range of data and narrative to describe and illustrate performance within the Health and Social Care Partnership (HSCP), Ms Black confirmed that some national numbers were still to be validated by Public Health Scotland and an update would be provided in due course. As the report contained a lot of information Ms Black shared some key achievements from 2022/23 which highlighted the wide range of work involved. These included delivery of the 10 year Strategic Commissioning Plan, setting an initial revenue budget for 2023/24, establishing Carers Investment Plan and locality planning networks, implementing the Rapid and

Rural Assessment Teams from the previous IJB investment, progressing the Scottish Government programme discharge without delay, publishing the Integrated Workforce Plan, engaging with the frontline teams and partners and established the Commissioning Consortium which was the local approach to ethical commissioning.

Ms Black welcomed the Health Improvement Team following the operational delegation from NHS Forth Valley into the HSCP and the Specialist Mental Health and Learning Disability Team.

The IJB discussed the key indicator information and how performance was measured in the report. They agreed the information could be improved to show a clearer indication of the challenges faced and the improvements made. Ms Forrest explained that as the Public Health Scotland national data was not available until 4 July 2023, it had been agreed, at the Finance and Performance Committee in May, that an appendix containing the analysis of national data, be added to the report after the June IJB meeting and taken back to the next Finance and Performance Committee for approval. The IJB asked for their concerns to be noted by Ms Fulford to Scottish Government through the Strategic Planning and Performance Officers Group she chairs.

The Integration Joint Board:

1) Approved the Draft Annual Performance Report 2022/23.

9. FINANCIAL REPORT FOR YEAR ENDED 31 MARCH 2023

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray explained that the financial report reflected the IJB financial position at year ending 31 March 2023, subject to statutory audit. He discussed the economic outlook and the key messages, particularly the challenges faced by public expenditure and advised that the Medium-Term Financial Strategy, indicated spending requirements that could exceed central funding projections by £1bn in 2024/25 (2%) rising to £1.9bn in 2027/28 (4%). This would present a challenging outlook for Scottish Government and individual public bodies going forward.

Mr Murray discussed the financial position for 2022/23, explaining the improvements on the integrated budget and the increase of the IJBs general reserve from £3.323m to £4.399m is in line with the requirements of the integration scheme. He also outlined reasons for the overspend within set aside budget and the residual covid funding position.

Finally, he confirmed the draft 2022/23 financial position was an improvement in both outturn and reserves levels from the position reported to the IJB in March. The main reasons for the improvement were:

- Review of expenditure which could be classified as capital (and therefore

transferred from revenue to capital)

- Lower than forecast actual expenditure on adult social care services compared to commitments reflected within recording systems

- Lower than projected expenditure on staffing investments in quarter 4; and

- Ongoing challenges in recruitment and retention across several staffing groups.

The quarter 1 financial report would be presented at a special meeting of the Finance and Performance Committee, to be arranged in August 2023, with the IJB receiving further updates at the September 2023 meeting.

Mr Fairbairn asked what the £2.066m of "Leadership and Transformation Funding" would be used for and where it came from, he also questioned why the directions for the financial year 2022/23 were just being approved and what the financial directions were for the financial recovery plan. Mr Murray explained the extant protocol around directions as part of financial year end procedures and that a full review of reserves was planned in the near future and the Leadership and Transformation Fund would be considered as part of this and there may also be some consideration as part of developing a financial recovery plan.

Ms Black explained that an interim Head of Service was due to start for 6 months in early August and the IJB had previously approved some investment into strategic improvement capacity, and an individual from the Improvement Service was also due to commence. Their remit would focus on current savings delivery schemes and improving the governance around this including directions, working with staff and partners, and developing a programme of future savings. Ms Black also advised that any investment into systems and IT infrastructure was the responsibility of the constituent authorities as they continued to be accountable for support services and infrastructure.

1) Noted the Economic Outlook per Scottish Government Medium Term

Financial Strategy published in May 2023.

2) Noted the net underspend on the Integrated Budget of £1.076m and

the overspend in relation to the Set Aside budget for Large Hospital Services of £3.511m which had been met in full by NHS Forth Valley (figures subject to statutory audit).

3) Noted the reserves position at 31 March 2023 including the reasons

for a material residual Covid earmarked reserve and provision made for transitional payments to GP Practices.

4) Approved the issuing of final directions for the financial year 2022/23

reflecting the draft outturn positions.

5) Noted that it was envisaged that projections at Quarter 1 would trigger the requirement, per the Integration Scheme, to prepare a financial recovery plan and, in anticipation of this, agreed that initial potential recovery options be presented to the IJB Finance and Performance Committee in August 2023.

10. STRATEGIC DELIVERY PLAN FOR STRATEGIC COMMISSIONING PLAN

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Mr Forrest provided a brief overview of the Strategic Delivery Plan, Operational Delivery Plan, and the finalised version of the Strategic Improvement Plan which together supported the delivery of actions and priorities set out in the Strategic Commissioning Plan, approved by the IJB in March 2023.

- The Strategic Delivery Plan contains the key areas of focus for the Strategic Commissioning Plan, the reporting structures and the accountability for each area of committed priority areas, therefore providing clarity for all members and stakeholders to see the progress and updates against agreed priorities.

- The Operational Delivery Plan details the actions and outcomes to be progressed in year 1 to achieve the agreed priorities identified within the Strategic Commissioning Plan, it also formed the HSCP Senior Management and Leadership Team objectives for 2023/24.

- The Strategic Improvement Plan reflected the legacy actions from previous inspections and audits which have been completed, any outstanding actions have been aligned to and are reported through the Transforming Care Board, where there is oversight on the progress and updates on areas of work.

The three papers align with the priorities of the Strategic Commissioning Plan and offer a clear management, review and oversight structure to deliver the agreed activity within the Plan.

The IJB discussed the Governance and Performance Board which would enable Ms Black and Mr Murray to monitor and assess the position with governance across the HSCP and IJB and the development of performance indicators.

The Integration Joint Board:

1) Approved the draft Strategic Delivery Plan and asked officers to progress the actions and activities.

2) Approved the draft Operational Delivery Plan and asked the Chief Officer to have oversight of progress and commence engagement with Clackmannanshire and Stirling Councils and NHS Forth Valley on the Operational Delivery Plan.

3) Noted as complete the previous Strategic Improvement Plan that

was in place and progression and updates of the new draft Strategic Delivery Plan, taking note of actions carried over.

4) Sought for officers to provide six monthly updates to the Integration

Joint Board against the actions outlined in the Strategic Delivery Plan.

11. EQUALITY

11.1 EQUALITY AND HUMAN RIGHTS COMMISSION – AUDIT AND OUTPUT

The Integration Joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford explained that the IJB recently received correspondence from the Equality and Human Rights Commission (EHRC) confirming the support the EHRC would provide to assist all Integration Joint Boards (IJBs) to advance equality through improved compliance with the Public Sector Equality Duty (PSED), and the steps the IJB needed to take to meet its PSED obligations.

EHRC noted the IJB was compliant with publishing equality outcomes and Mainstreaming and Progress Reports. The IJB had published one Equality Impact Assessment (EQIA) and were non-compliant with publishing accessible EQIAs on the HSCP website.

The EHRC requested that the IJB review its policies and practices in relation to EQIAs and develop and agree on a functioning EQIA system. The IJB should be able to demonstrate reasonable progress by 31 March 2023. An agreed extension was granted, and a process was submitted to EHRC on 6 April 2023, but no response had yet been received.

The IJB discussed the requirements of an EQIA. It was noted that this was required for any significant service change or savings proposal and any impact and implications would be reflected through the impact assessment.

The Integration Joint Board:

1) Noted the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.

2) Approved the documentation to assess the equality impact of any decision the IJB makes:

  a. Appendix 2 – Equality Process

  b. Appendix 3 – Standard Impact Assessment

  c. Appendix 4 – Equality Impact Assessment Process d. Appendix 5 – Improvement Plan

11.2 EQUALITY IMPACT ASSESSMENT – MAINSTREAM PROGRESS REPORT 2021-2023

The Integration Joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager

Ms Fulford explained that in March 2021 the IJB approved the equality outcomes for 2021/2022 to 2024/25. The IJB was required to produce and publish an Equality Mainstreaming and Outcomes report on progress to March 2025 and produce and publish equality outcomes for 2025/30.

The Equality Act 2010 also requires that Public Bodies in Scotland report on Mainstreaming and Outcomes in terms of progress and Ms Fulford explained the report set out progress over the last two financial years, 2021/22 and 2022/23.

The Integration Joint Board:

1) Noted the need for all services to continue to record equality data

within clinical and care systems and contribute to meeting the reporting requirements.

2) Noted the requirement to produce and publish an Equality

Mainstreaming and Outcomes report on progress for March 2025.

3) Approved the Equality Mainstreaming and Outcomes report on

progress to March 2023.

4) Approved publication of the Equality Mainstreaming and Outcomes

report on progress to March 2023.

13. ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest explained she was also the Chair of the Alcohol and Drug Partnership (ADP) multi-disciplinary group and seeking IJB approval prior to submission to the Scottish Government.

Ms Forrest explained that while the recently amended annual report template took account of national level priorities it did not show the scope and range of work undertaken by the team such as the delivery of Medication Assisted Treatments (MATs) standards work stream, investment in local community services, and the commissioning consortium approach with partners and those with a lived experience. Mr Bido added he would like to see the report reflecting the work carried out for recovery and other areas which had not been included. Ms Forrest agreed that more of the work in community services needed to be reflected in the report. Councillor Benny suggested this should be fed back to Scottish Government.

The Integration Joint Board:

1) Approved the contents of the ADP Annual Report 2022-23 2) Approved the submission of the ADP Annual Report 2022 - 2023 to

Scottish Government.

14. FOR NOTING

14.1 Decision Log

Noted

14.2 Minutes

Noted

a. Finance and Performance Committee – 01.03.2023 b. Joint Staff Forum – 27.02.2023

c. Strategic Planning Group – 16.02.2023

d. Clinical and Care Governance Group – 16.03.2023

15. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

All non IJB members including members of the public left the meeting.

Clackmannanshire & Stirling
Health & Social Care
Partnership

12. COMMISSIONING FOR CARE (EXEMPT)

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The Integration Joint Board:

1) Noted the requirement for an additional local care & support framework

in Stirling to ensure compliant commissioning of care & support and, therefore, approve directing Stirling Council to award a local care & support contract in addition to the Scotland Excel Care & Support Framework which is currently in place on the proposed terms set out herein in compliance with Paragraph 14.3 of Stirling Council's Contract Standing Orders;

2) Approved directing Clackmannanshire Council and Stirling Council to

award a contract for Support Services for the HSCP from Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out;

3) Approved commitment of the additional funding required to deliver the

Ideas, Innovation, and Improvement Fund and include this in the proposed contract with Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise on the proposed terms set out;

4) Noted the progress made towards co-production of a Contract for

Support to Unpaid Carers.

13. DATE OF NEXT MEETING

27 September 2023 2 pm -4 pm